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UNITED STATES DISTRICT COURT  
DISTRICT OF MAINE

ED FRIEDMAN, )  
Plaintiff )  
vs. ) CIVIL ACTION  
Docket No. 2:20-cv-00237-JDL  
CENTRAL MAINE POWER )  
COMPANY, )  
Defendant. )

## REMOTE DEPOSITION OF ED FRIEDMAN

Taken pursuant to notice dated February 3, 2022, on  
February 14, 2022, commencing at 10:04 a.m., before  
Julie G. Edgecomb, RMR, CRR, a Notary Public in and  
for the State of Maine.

## APPEARANCES:

For the Plaintiff: David Lanser, Esquire  
For the Defendant: Christopher C. Taintor, Esquire

ALSO PRESENT: Tim Connolly, Esq.

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(The attorneys participating in this deposition  
acknowledge that I am not physically present in the  
deposition room and that I will be reporting this  
deposition remotely. The parties and their counsel  
consent to this arrangement and waive any objections  
to this manner of reporting.)

\*\*\*\*\*

(The deponent was administered the oath by the  
Notary Public.)

\*\*\*\*\*

ED FRIEDMAN, having been duly sworn by the Notary Public,  
was examined and deposed as follows:

## EXAMINATION

BY MR. TAINTOR:

Q Good morning, Mr. Friedman. How are you today?

A I'm still alive. How are you today?

Q I'm alive, as well.

A Oh, good.

Q I just wanted to initially ask you if -- well, give  
you a few directions for how the deposition should go  
this morning.

I know you've testified in the Maine Public  
Utilities Commission proceeding. Have you ever  
testified in court before, live in court?

A No.

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Q Have you ever given a deposition like this one today?

A I have given one deposition a long time ago.

Q And what kind of a case was that in?

A It was in an environmental case, Endangered Species  
Act and Clean Water Act case, in which Friends of  
Merrymeeting Bay, which I chair, was a coplaintiff.

Q And how long ago did you give that testimony, roughly?

A Oh, very roughly, maybe 12 years ago.

Q Okay. So you may remember this drill a little bit,  
and I know you've seen a couple of the depositions  
already in this case, but, as you know, I'm going to  
ask you some questions; Mr. Lanser may ask you some  
questions.

And Julie is going to do her best to take down  
everything that all of us say. So in order for her to  
be able to do that, one of the most important things  
for us to all try is to not talk over one another,  
okay?

A I will try and remember that, and I will try not to  
mumble for Julie.

Q Okay. And if it comes time, for example, to read a  
document, our inclination is to read very fast, and  
just keep in mind that Julie is trying to get  
everything down, so just sort of try to keep your  
speech at a reasonable pace, if you can, okay?

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1 **A** Okay.

2 **Q** We are -- you're already doing this, so I probably

3 don't need to remind you, but because we're going to

4 have a written record, it's optimal if you can answer

5 questions verbally rather than with a nod or a shake

6 of the head or some other nonverbal gesture, and if

7 you forget to do that, I may remind you, and it's not

8 because I'm trying to give you a hard time, it's just

9 so that we'll have a clear written record, okay?

10 **A** I understand.

11 **Q** If you need to take a break at any time today, just

12 let us know, okay?

13 **A** I will do that. Thank you.

14 **Q** Are you taking medications daily?

15 **A** Yes.

16 **Q** Do the medications you take affect your ability to

17 think?

18 **A** Ah, it's hard to say. They -- they do affect me.

19 They probably do affect that to some extent. I'm

20 taking multiple medications, so it's hard to -- hard

21 to know.

22 **Q** Yeah. Do they affect your ability to -- to remember

23 things that happened two, three, four years ago?

24 **A** Again, I -- they may.

25 **Q** Okay. Are you currently going about your life more or

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1 less as normal, leaving aside the fact that you're

2 taking these medications, and by that, I mean, are you

3 conducting your business and leading your personal

4 life as you normally would?

5 **A** Ah, no.

6 **Q** In what ways is your life altered by your cancer

7 currently?

8 **A** Whether -- whether cancer medication, the combination

9 there, hard to say, but my stamina is -- is much

10 diminished, my ability to move, to lift things, to --

11 yeah, to -- to engage physically is probably one of

12 the biggest things. The memory and cognitive things,

13 a little fuzzier, you know, hard to know exactly

14 what's going on there.

15 So -- but, yeah, I'm a very physical person, have

16 always engaged very physically in my work life and my

17 -- and my personal life. And, yeah, so fatigue and

18 muscle -- muscle -- bone, muscle, joint issues are all

19 very near and dear to me and -- and hamper what I do.

20 **Q** Is it your understanding, from talking to your

21 doctors, that those limitations that you have with

22 bone, muscle, and joint issues are related to your

23 disease process or to the medications you take or

24 both?

25 **A** Um, don't know that I've talked about it with

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1 Dr. Benton all that much, but -- and it's hard to say

2 disease or medication. They, for sure, are related to

3 the medication; fatigue is, for sure, related to the

4 disease and medication; you know, high blood pressure,

5 which is a problem, is related to the -- to the

6 medication.

7 **Q** Okay.

8 **A** I never had these problems before I really developed

9 the cancer.

10 **Q** Okay. When did you first begin to be concerned that

11 you might have cancer?

12 **A** Um, I don't know. I became concerned with what I

13 would call an inordinate amount of fatigue in 2000 --

14 either late 2012 or early 2013.

15 **Q** So I know from some of the documents I've seen that

16 you've been in touch with the National Cancer

17 Institute in, I think, 2010, correct?

18 **A** Yes, I think even -- I think even before that, but,

19 honestly, I had forgotten all about that. I know that

20 I had high levels of IgM, were higher than normal, and

21 as -- as you may know, that's considered, without a

22 diagnosis, called MGUS, monoclonal gammopathy of

23 undetermined significance. Often doesn't escalate

24 into anything for people, but sometimes it does.

25 **Q** Right. And I -- I think you had actually seen

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1 Dr. Keating even many years before that for the same

2 issues and the same concerns; is that true?

3 **A** Dr. Keating, yeah, he was my mother's oncologist.

4 **Q** Okay.

5 **A** And -- and she had suggested I -- I think she had told

6 me about the study. There is a -- there seems to be a

7 familial link with Waldenstrom's, and she never got a

8 full diagnosis, but it was suspected that she may have

9 had that or multiple myeloma. The -- the way you tell

10 the difference is a hip biopsy, bone marrow biopsy,

11 which she never had.

12 **Q** So is it fair to say that for several years before

13 2012, you were aware of the risk or -- I shouldn't say

14 the risk, the possibility that you might have

15 Waldenstrom's because you believed your mother had it

16 and you knew there was a -- a familial connection?

17 **A** I didn't -- I didn't know she had it, and, again, it

18 was never diagnosed definitively for her. I don't

19 know if she suspected it or not.

20 I took part in these two blood sampling events

21 over the years for the National Cancer Institute as

22 part of Mary McMaster's study. And, basically, I felt

23 fine, so I forgot about it pretty much. She died --

24 my mother died of breast cancer, that, you know, came

25 back after being put at bay for a while, and so I

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1 didn't really think about the Waldenstrom's.  
 2 Q Who's Mary McMaster?  
 3 A **She is running the familial link study at the National**  
 4 **Cancer Institute.**  
 5 Q And how did you get in touch with her, or did she get  
 6 in touch with you?  
 7 A **Presumably, Dr. Keating called my mother about this,**  
 8 **and my mother told me about it, but I -- that's as far**  
 9 **as I know.**  
 10 Q Did you -- did you initiate the contact with Mary  
 11 McMaster?  
 12 A **No.**  
 13 Q She contacted you?  
 14 A **No, I -- I would have contacted Dr. Keating at my**  
 15 **mother's recommendation, and he would have made the**  
 16 **connection to the NCI study.**  
 17 Q Did your involvement in that study include anything  
 18 besides giving two blood samples?  
 19 A **No.**  
 20 Q So what do you do for a living today?  
 21 A **I -- I try and fly helicopter. This last year's been**  
 22 **problematic because of my heart issue, but I'm back up**  
 23 **now -- or will be. I farm. I've been farming for**  
 24 **quite a while. And I weld on occasion still. And as**  
 25 **a volunteer, I chair Friends of Merrymeeting Bay.**

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1 Q You -- do you still run a kayaking business?  
 2 A **Ah, yeah, if the call -- if it's called for, yes.**  
 3 **Thank you for reminding me.**  
 4 Q And do you still run a welding business?  
 5 A **I said that, yes.**  
 6 Q Oh, I'm sorry, I didn't hear you.  
 7 A **Yeah.**  
 8 Q What's the welding business called?  
 9 A **Dragonworks, one word, Dragonworks, Inc.**  
 10 Q And what kind of welding do you do?  
 11 A **Most anything, but it's -- again, I haven't done it**  
 12 **very much in quite a while, been very slow, so I get**  
 13 **out once in a while and do it. I welded some stairs**  
 14 **this past year for a -- in an apartment house in**  
 15 **Brunswick, repaired some stairs, exterior fire stairs,**  
 16 **you know, welding repairs of sculpture -- baby**  
 17 **carriages to bulldozers over -- over the years.**  
 18 Q And I'm not really familiar with the -- the art or  
 19 industry of welding. Are there -- there are different  
 20 kinds of -- different methods, aren't there?  
 21 A **That's correct.**  
 22 Q What method do you use or methods do you use?  
 23 A **I am primarily arc welding. I also do some oxygen and**  
 24 **acetylene, mostly used for cutting, but sometimes for**  
 25 **brazing, and TIG welding helps in inert gas welding,**

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1 **which is a form of arc welding.**  
 2 Q You said you haven't been doing much lately because  
 3 it's been slow. Is that -- when did it become slower?  
 4 A **It's been slow for quite a while. I don't have a**  
 5 **Dragon -- I don't have a welding presence on the**  
 6 **Internet; I don't know if that's it or not. I don't**  
 7 **know if a lot of the bigger companies have hired their**  
 8 **own in-house people, but over the years, I've welded**  
 9 **for quite a few of the contractors in Maine.**  
 10 Q Is Dragonworks incorporated in any --  
 11 A **It is.**  
 12 Q It is. So do you have any sense of what Dragonworks'  
 13 revenue has been, on average, over the course of the  
 14 last five years?  
 15 A **Not much.**  
 16 Q Can you give me a sense of what it is?  
 17 A **Um, it's been hardly anything.**  
 18 Q Is the same true over the last ten years?  
 19 A **It would be a little more over the last ten years,**  
 20 **maybe, reaching back.**  
 21 Q When was the last time Dragonworks generated \$10,000  
 22 in a year in revenue?  
 23 A **Probably been quite a while. The kayaking business is**  
 24 **under Dragonworks, as well, so it's probably been**  
 25 **15 years anyway, but that's a guess.**

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1 Q Who does Dragonworks' taxes?  
 2 A **My accountant.**  
 3 Q Who's that?  
 4 A **Marc Poulin.**  
 5 Q So besides the kayaking and welding businesses, you --  
 6 you do some flying, and I don't remember the name of  
 7 that business. What's that called?  
 8 A **Point of View Helicopter Services.**  
 9 Q And I think you said within the last year or so that's  
 10 been slow, as well?  
 11 A **Yes, not through any fault of my own necessarily.**  
 12 **But, yes, my mechanic got COVID badly when I had my**  
 13 **last annual inspection, and then we had a parts issue,**  
 14 **waited a long time for a part, and I got flying again,**  
 15 **and then I had to report the heart stuff to the FAA,**  
 16 **and they grounded me for like the last six months, I**  
 17 **was waiting for a reply from them about my tests.**  
 18 Q And what's the heart stuff that you're referring to?  
 19 A **I have coronary artery disease. I have a -- I have a**  
 20 **stenosis in my left anterior descending artery.**  
 21 Q Has anyone ever told you that that has anything to do  
 22 with your cancer?  
 23 A **No, and I just found out about that in basically 20 --**  
 24 **the latter half of 2020, so after this proceeding had**  
 25 **begun.**

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1 Q Okay. When you --  
 2 A **You have those records.**  
 3 Q What's involved in getting medical clearance from the  
 4 FAA to fly? How -- I take it you must be -- you're  
 5 examined regularly?  
 6 A **I am.**  
 7 Q How -- with what frequency?  
 8 A **For my type of certification, I am -- I go through an**  
 9 **annual physical.**  
 10 Q Does that exam deal in any way with issues of  
 11 cognition or memory?  
 12 A **No.**  
 13 Q Does the FAA ask you questions about your cognitive  
 14 status when you -- when your license to fly is  
 15 renewed?  
 16 A **I don't recall. They have a form that you fill out**  
 17 **about what doctors or what medical issues you've seen**  
 18 **over the years and then ask for documentation if you**  
 19 **check yes, you know, for a particular area.**  
 20 Q And you fill out one of those forms every year?  
 21 A **I do.**  
 22 Q That's an FAA standard government form of some kind?  
 23 A **Ah, yep.**  
 24 Q And do you have possession of those that you filled  
 25 out for the last ten years?

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1 A **I don't know that I do. I may have some of them.**  
 2 Q Do you have your physical done by your PCP?  
 3 A **No, the FAA designates particular physicians as air --**  
 4 **they call them AMEs, aircraft medical examiners, so I**  
 5 **have my physical done by a relatively local AME.**  
 6 **There are not too many around, and mine happens to be**  
 7 **in -- I think he's in Falmouth. His name is on my**  
 8 **list of doctors with you.**  
 9 Q And who is that?  
 10 A **Mark Eule.**  
 11 Q And has he been the same doctor who's examined you  
 12 every year for the last ten years?  
 13 A **No, my previous doctor retired. Mark has been doing**  
 14 **it for maybe the last four years, something like that.**  
 15 Q And who was the previous doctor?  
 16 A **David Hill.**  
 17 Q And where was he located?  
 18 A **He was in Bath, and he was a family practitioner that**  
 19 **also was an AME.**  
 20 Q And do you -- is your -- your farming operation, is  
 21 that for your -- your personal use and consumption, or  
 22 are you a -- do you make a living, in part, from your  
 23 farming?  
 24 A **I make a living, in part, from my farming.**  
 25 Q And what do you -- what do you grow?

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1 A **I grow less than I used to. I used to specialize in**  
 2 **-- in some vegetables, giant pumpkins, leeks, basil,**  
 3 **some things like that, and I make -- nowadays, I --**  
 4 **or, actually, for many years, I've been making a food**  
 5 **product, and that and giant pumpkins and honey, or**  
 6 **bees, are the main products that I engage in now.**  
 7 Q Do you have hives on your property?  
 8 A **Yeah.**  
 9 Q What's the food product you're making?  
 10 A **It's a blend of leeks and cilantro and habanero**  
 11 **pepper, garlic; it's called Fiery Peruvian Pepper**  
 12 **Pate.**  
 13 Q And do you actually do the manufacturing at your -- on  
 14 your property?  
 15 A **I do. I have a home kitchen license from the State,**  
 16 **yeah.**  
 17 Q So I actually want to ask you about your -- your  
 18 residence and office. Are -- are they in the same  
 19 building?  
 20 A **Yes.**  
 21 Q And I take it that your building is in rural  
 22 Bowdoinham, correct?  
 23 A **Yes.**  
 24 Q How much property do you own?  
 25 A **About 4 acres.**

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1 Q How -- how close is your nearest neighbor?  
 2 A **Probably a couple hundred yards, maybe.**  
 3 Q Do you know whether that neighbor has a smart meter on  
 4 his or her home?  
 5 A **She does not.**  
 6 Q Have you been in touch with --  
 7 A **That's probably a lot more like a hundred yards,**  
 8 **actually.**  
 9 Q Have you been in touch with any of your neighbors  
 10 about your concerns regarding smart meters?  
 11 A **That neighbor and another neighbor kitty-corner across**  
 12 **the field who's quite a ways away.**  
 13 Q Who's the neighbor next-door that you've spoken to  
 14 about this issue?  
 15 A **Kathleen McGee.**  
 16 Q Was she part of the group of people who raised issues  
 17 with you at the Maine Public Utilities Commission  
 18 about smart meters?  
 19 A **She was.**  
 20 Q And the other neighbor that you mentioned that you've  
 21 spoken with, does that person have a smart meter?  
 22 A **I'm not sure. He's a relatively new neighbor, excuse**  
 23 **me, the last couple of years; I don't recall if he's**  
 24 **opted out or not.**  
 25 Q What was the nature of your conversations with that

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1 neighbor?

2 **A** In general about the -- the subject of -- of RF, the

3 towers that we both look at and feel the impact of

4 that are subject to another, you know, another case

5 here, the Friends of Merrymeeting -- Friends of

6 Merrymeeting Bay v. CMP, so --

7 **Q** So were you -- and, first of all, what's this

8 neighbor's name?

9 **A** I'm blanking out on his last name here, a senior

10 moment here; Phil is his first name. I can -- I can

11 look it up, but --

12 **Q** Okay. It doesn't matter. Were you -- did the issue

13 of smart meters come up because you mentioned to Phil

14 that you were involved in litigation or maybe

15 prelitigation dispute with Central Maine Power about

16 your ability to opt out without a fee from the smart

17 meter program?

18 **A** I don't recall the details of how it -- how it has

19 come up. The neighbors, every once in a while, see

20 each other out in the field, walking around the field.

21 The tower of lights came on shortly after Phil and his

22 wife bought their house, so they weren't very happy

23 about that.

24 **Q** Is your -- is your home a wooden structure?

25 **A** Yes, it is.

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1 **Q** Do you know when it was built?

2 **A** 1856.

3 **Q** And can you give me a sense of where the -- your --

4 your meter or your meter box, which I understand no

5 longer has a meter in it, is located in relation to

6 your living area?

7 **A** Well, it's right on the other side of the wall from

8 the living area.

9 **Q** Okay. So from which part of the living area?

10 **A** There's a section of room, it's a fairly open layout

11 in the house with a central brick mass, a woodstove on

12 one side, a fireplace on the other, got a television

13 over on the other side there, and couch and chairs and

14 whatnot, and the smart meter is on the exterior side

15 of that section where you might sit down and watch TV

16 or something, yeah.

17 **Q** And where is that in relation to -- how far is it from

18 the living area, which shares a wall with the meter,

19 how far is it from there to the kitchen?

20 **A** Um, maybe 25 feet.

21 **Q** And how far is it from there to your bedroom?

22 **A** That's sort of in the opposite -- the bedroom is in

23 the opposite end of the house and is upstairs, so it's

24 kind of a diagonal, so it's probably closer -- maybe

25 30, 35 feet, but that's a total guess, yeah. The

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1 house is 48 feet long, and -- I think.

2 **Q** Okay. When did you first become concerned about the

3 effects of -- the physical effects of radiofrequency

4 energy?

5 **A** When did microwaves come into the market? It was a

6 long time ago, so, yeah, we never had a microwave in

7 the house, my mother was aware of the issues. So that

8 would have been my -- you know, I don't -- I don't

9 recall when that was, but that would have been my

10 first awareness.

11 **Q** I think in some answers to interrogatories you told me

12 that you thought that the only RF-emitting device you

13 had in your home was a remote control for your

14 television?

15 **A** That's correct.

16 **Q** Have you -- have you done some research to confirm

17 that, or is that --

18 **A** Well, that's a fact.

19 **Q** Okay. You know that for true -- for -- for sure.

20 **A** I do know that for sure, yeah.

21 **Q** Okay. Is the TV a -- is it a -- is it a smart TV?

22 **A** No, it's probably smarter than me.

23 **Q** Is it a flat screen?

24 **A** No.

25 **Q** How long have you had it?

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1 **A** Hm, I don't know. 15 years, maybe.

2 **Q** Okay. I think you said in your answers to

3 interrogatories you've never owned a cellphone?

4 **A** Correct.

5 **Q** That was a conscious -- was it -- well, let me ask you

6 the question differently.

7 Did you make the choice not to acquire a

8 cellphone because of concerns about RF?

9 **A** In part.

10 **Q** And what other reasons did you have?

11 **A** Well, I wouldn't -- I -- when I'm out in the field, I

12 don't really want to be having a phone with me or be

13 disturbed, so I don't see much point in it, you know.

14 I have an answering machine on my phone. If someone

15 wants to leave me a message, they can do that.

16 So -- but I -- also, it's intuitive that holding

17 an RF thing up to your head is probably not a good

18 idea, no.

19 **Q** Do you have just a landline at your home?

20 **A** Correct.

21 **Q** How long have you had solar panels for your home?

22 **A** Approximately 20 years.

23 **Q** I'm sorry, 20 years?

24 **A** Approximately, yeah, 19, 20, something like that.

25 **Q** And I take it that it sounds like from your answers to

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1 interrogatories that until 2016, although you had  
 2 these solar panels, you were connected to the -- to  
 3 the electrical grid, and you were banking some of the  
 4 -- the energy that you got from your solar collectors;  
 5 is that true?  
 6 **A That's correct, yeah, net metering, yeah.**  
 7 **Q** Who installed your solar panels?  
 8 **A A place called Solar Works in Vermont that's no longer**  
 9 **in business.**  
 10 **Q** And I take it you're pretty familiar with the  
 11 equipment that accompanied the installation and that  
 12 sits in your home; is that true?  
 13 **A I'm familiar with the equipment, yes, I'm familiar**  
 14 **with the equipment, and none of it is in my home per**  
 15 **se. It is all out in the barn, so there's some**  
 16 **distance from the living space.**  
 17 **Q** Okay. So is one of the pieces of equipment that you  
 18 have an inverter?  
 19 **A It is.**  
 20 **Q** And do you know something about the extent to which  
 21 that emits radiofrequency energy?  
 22 **A I do.**  
 23 **Q** What's your understanding of that?  
 24 **A Well, I got these particular inverters specifically**  
 25 **because they are -- very little of this information is**

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1 **spec'd out on the spec sheets, but what they do**  
 2 **generally spec out is something called total -- my**  
 3 **brain just forgot again -- TDH -- THD, total -- total**  
 4 **harmonic disturbance, and as you may know, out on the**  
 5 **grid, it's not supposed to be more than 5 percent.**  
 6 This gets to the issues that Erik Anderson talked  
 7 about about polluting the -- the sort of clean sine  
 8 wave, you know, creating power quality issues or dirty  
 9 power issues, and the inverters I have are the lowest  
 10 that I could find for that. So they -- their total  
 11 harmonic disturbance is something like within 2 to 3  
 12 percent; others will go up -- you know, I've seen some  
 13 as high as 8 percent before.  
 14 **Q** And what's the brand of inverter that you have?  
 15 **A SMA, it's a German company that's been around for**  
 16 **quite a while.**  
 17 **Q** And then I understand that when you went off the grid,  
 18 so to speak, you acquired additional equipment,  
 19 including a battery inverter?  
 20 **A These SMA inverters were acquired once I had to go off**  
 21 **the grid. I can't tell you any information really**  
 22 **about the old inverters that I had when I was net**  
 23 **metering, other than that they -- I could come up with**  
 24 **a name, advanced -- they were advanced -- advanced**  
 25 **meters, or something like that. They were a small New**

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1 **Hampshire company that the Vermont company who**  
 2 **installed the panels used because they were local, and**  
 3 **they also went out of business.**  
 4 **Q** And where was --  
 5 **A Those --**  
 6 **Q** -- that inverter located? Was that also in the barn?  
 7 **A Yeah, those were in the same spot, same location, and**  
 8 **-- but they -- they could not handle a battery, so I**  
 9 **had to change out my inverters when I got the**  
 10 **batteries.**  
 11 **Q** So all the inverters that you have now are ones that  
 12 you've only had since 2016?  
 13 **A Yeah, if that's when I made the switch I think it was,**  
 14 **yeah.**  
 15 **Q** How close is your barn to your home?  
 16 **A There's a breezeway between the two that's about**  
 17 **probably 10, 12 feet across.**  
 18 **Q** And is the -- where in relation to the breezeway is  
 19 the inverter located?  
 20 **A On the second floor of the barn, so above the**  
 21 **breezeway is a one- -- one-story unheated space, so**  
 22 **they are on the -- they are mounted on the wall that**  
 23 **would be above the breezeway, a continuation of the**  
 24 **breezeway-garage wall, garage-barn wall.**  
 25 **Q** So the -- the closest -- the wall of the barn that's

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1 closest to your residence?  
 2 **A Correct.**  
 3 **Q** What's the first room that you come into from the  
 4 breezeway in your home?  
 5 **A There's a hallway that then comes down to the kitchen**  
 6 **area.**  
 7 **Q** Do you have an estimate of how far it is from your  
 8 kitchen to the wall that the inverter is located on?  
 9 **A Probably 20, 25 feet.**  
 10 **Q** What is your understanding of the exposure to  
 11 radiofrequency energy that you encounter when you're  
 12 flying your helicopter or a helicopter?  
 13 **A That's a tough question. So I'm not stalling, I'm**  
 14 **thinking.**  
 15 **Q** Sure, listen, one thing I didn't tell you at the  
 16 beginning, I -- take as much time as you need to  
 17 answer a question. It's better to get it right than  
 18 be quick.  
 19 **A So I know from experience, and I say that because I**  
 20 **have the meters, I actually took my meters up once,**  
 21 **it's going to vary with the aircraft or the**  
 22 **helicopter. And the one I primarily fly, the one time**  
 23 **I did this, the levels were very variable, in part,**  
 24 **depending on how close I was flying to cell towers.**

They were there anyway. I did do some sciency

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1 kind of stuff, turning off radio, and things like  
2 that. I don't recall now if anything really made a  
3 huge difference that I did inside the helicopter.

4 There are magnetic fields, which I would have  
5 expected to be higher where I was, but they weren't,  
6 because the motor shaft is behind me, and typically,  
7 if you have spinning metal, you have magnetic fields,  
8 but the magnetic fields were actually more higher  
9 outside and closer to the engine, which is down below  
10 me.

11 So it's going to be variable with the design of  
12 any particular aircraft and where you're -- where  
13 you're flying and the avionics you have in them.

14 Q Now, forgive me, I -- this is probably a dumb  
15 question. Is the -- is the helicopter that you fly  
16 primarily for your business one you own, or is it  
17 something that you rent or lease to run your business?

18 A **It is one that I own.**

19 Q So my understanding is, and correct me if I'm wrong,  
20 that you would encounter RF exposure both from the  
21 two-way radio that you use in your helicopter and from  
22 the navigation system; is that true to your  
23 understanding?

24 A **I would encounter some -- some RF from a variety of  
25 sources when I fly, some of which are probably**

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1 **associated with some of the electronics in the**  
2 **helicopter.**  
3 Q Well, you under --  
4 A **I don't -- I don't have very sophisticated electronics**  
5 **compared to what a lot of other airplanes might have,**  
6 **so --**

7 Q Your -- your helicopter has an antenna, correct?

8 A **It has several antennas.**

9 Q Okay. For communicating with air traffic control?

10 A **Broadly speaking. One -- there'd be an antenna for**  
11 **the radio.**

12 Q Yeah.

13 A **There'd be an antenna for an emergency locator**  
14 **transmitter. And there'd be an antenna for a**  
15 **transponder, which emits -- which goes to air traffic**  
16 **control, but is distinct from a two-way radio.**

17 Q Okay. And do all of those devices emit radiofrequency  
18 radiation?

19 A **Probably they do.**

20 Q And when you're communicating by radio, I take it  
21 you're doing that with headphones on?

22 A **That's correct.**

23 Q Have you ever -- tell me about the -- the sciency  
24 stuff that you said you did to try to understand the  
25 level of radiofrequency emissions in the cockpit of

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1 your helicopter.

2 A **Well, I have a number of radiofrequency meters, work**  
3 **at different -- they focus on different frequencies**  
4 **and so forth, a magnetic fields meter, so I brought a**  
5 **couple of those meters with me flying one day just**  
6 **because I was curious about that.**

7 This is why I can say that the magnetic fields  
8 where I'm -- basically where I'm sitting as a pilot  
9 are not all that high; I was surprised by that. But  
10 the RF fields in the cockpit were pretty variable, and  
11 it seemed mostly with -- the largest variable seemed  
12 to be distance from towers. So as I noticed that, you  
13 know, the levels would go up dramatically as I would  
14 fly within a certain range of a tower.

15 Q Was anyone with you when you did this measurement?

16 A **Um, no.**

17 Q Did you record the measurements in any way?

18 A **Not formally, not that I could find or -- I don't**  
19 **think I did, you know, no, I don't -- I don't have a**  
20 **record of it.**

21 Q When did you engage in this exercise?

22 A **Probably a couple years ago.**

23 Q Do you remember what the RF exposures were at a  
24 maximum within the cockpit?

25 A **They were very, very high.**

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1 Q Can you tell me what they were?

2 A **Um, no, because there's a lot of zeros.**

3 Q What do you mean?

4 A **Probably like 235,000 microwatts per square meter, or**  
5 **something like that, yeah, I don't know.**

6 Q Have you ever -- other than this -- well, strike that  
7 and start over.

8 Did that testing raise concerns for you about  
9 whether it was safe for you to continue to fly from an  
10 RF perspective?

11 A **Um, it increased my awareness, it increased my**  
12 **awareness of possible risk. It also is something that**  
13 **I do out of choice and out of profession, which is**  
14 **different than having a -- a mandated smart meter on**  
15 **my house or a mandated RF emitter coming into my house**  
16 **from any source.**

17 And it certainly reinforces my awareness of not,  
18 you know, not wanting to be around those sorts of  
19 things if I don't need to be. I've encountered many  
20 people over the years that have become electrically  
21 sensitive, largely because of a lot of time spent in  
22 an RF-rich environment.

23 Q After engaging in the exercise that you just described  
24 as measuring the RF in your helicopter, did you  
25 perform any other research to determine whether your

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1 measurements were consistent with what had been  
 2 observed by others?  
 3 **A I don't think this has been observed by others. I do**  
 4 **know that the -- there's been problems with airline**  
 5 **pilots in -- in the increasingly sophisticated**  
 6 **commercial airline pi -- commercial airlines. I know**  
 7 **the Department of Defense is studying this, as well.**  
 8 **Fighter pilots have blacked-out, and things like that**  
 9 **have happened, and they think it may be associated**  
 10 **with -- there are way more -- way higher enviro -- way**  
 11 **higher RF environments in those types of aircraft than**  
 12 **I have in mine. Often -- yeah, anyway.**  
 13 **Q** And, by the way, have you ever, just taking a detour  
 14 for a moment, researched the question of whether you  
 15 encounter radiofrequency emissions from welding?  
 16 **A I have.**  
 17 **Q** And what is your understanding of that?  
 18 **A I've actually measured out here, and the RF exposure**  
 19 **is quite minimal.**  
 20 **Q** Did you record those measurements?  
 21 **A Um, nope, but they're very low, single -- if we're**  
 22 **talking microwatts per square meter, we're talking**  
 23 **single digits, maybe double, which is considered well**  
 24 **in the green, you know.**  
 25 **Q** I'm sorry, I didn't understand your -- I didn't

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1 understand your answer.  
 2 **A Considered very safe.**  
 3 **Q** Did you say single digits of microwatts?  
 4 **A Correct, single or teens, maybe.**  
 5 **Q** Per square meter?  
 6 **A Yeah.**  
 7 **Q** Did you do those measurements on just one occasion or  
 8 -- or more than one?  
 9 **A I've just done -- done that on one occasion.**  
 10 **Q** Was anyone with you when you did it?  
 11 **A No.**  
 12 **Q** I'm sorry?  
 13 **A No.**  
 14 **Q** Again, have you conducted any research to determine  
 15 whether the measurements you observed were consistent  
 16 with what has been reported by others?  
 17 **A Nope, every situation is going to be different, again,**  
 18 **depending on the kind of welder, proximity to it,**  
 19 **where the cables are, what kind of welding you're**  
 20 **doing.**  
 21 **Q** So --  
 22 **A Of course, you're -- you're always wearing protective**  
 23 **clothing when you're welding, as well.**  
 24 **Q** Right. Is it fair to say that when you are welding,  
 25 understanding that that's a matter of choice for you,

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1 you voluntarily encounter radiofrequency emissions  
 2 whose level and intensity you don't know?  
 3 **A No, I just told you I do have a sense of what they**  
 4 **are, and they're very low, radiofrequency emissions**  
 5 **are very low.**  
 6 **Q** Right. Well, I think what you said was that you --  
 7 you've done -- you've done the test once, but the --  
 8 the exposure was going to vary from situation to  
 9 situation, true?  
 10 **A That's true, but the -- the -- the way I did it was in**  
 11 **close proximity to the -- to the actual welder, and**  
 12 **from there on out, it's only going to improve as you**  
 13 **run your cables further away. My -- my welder is in a**  
 14 **truck, portable welder generator, so you go out to the**  
 15 **end of 150 feet of cable or 75 feet of cable, you're**  
 16 **that much further away from the radiating source,**  
 17 **which is really the machine; you're not getting RF out**  
 18 **of the arc itself.**  
 19 **Q** So I take it -- well, strike that.  
 20 Do you have Wi-Fi in your home?  
 21 **A No.**  
 22 **Q** And do you have the exhibits that I forwarded to your  
 23 counsel this morning?  
 24 **A I do.**  
 25 **Q** So I want to go through them pretty sequentially, if

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1 we can.  
 2 THE DEPONENT: Can I take a couple-minute break  
 3 here for a second?  
 4 MR. TAINTOR: Absolutely. How long would you  
 5 like to take?  
 6 THE DEPONENT: Just need to go to the bathroom.  
 7 MR. TAINTOR: Okay. I'll be back in a minute,  
 8 too.  
 9 (A break was taken from 10:57 a.m. to 11:01 a.m.)  
 10 MR. TAINTOR: Okay. Are you all set,  
 11 Mr. Friedman?  
 12 THE DEPONENT: Ready when you are.  
 13 MR. TAINTOR: You good, Julie?  
 14 BY MR. TAINTOR:  
 15 **Q** So Exhibit 1 is the complaint you filed back in July  
 16 of 2011 with the Maine Public Utilities Commission,  
 17 correct?  
 18 **A I'm just bringing it up now here.**  
 19 **Q** Sure.  
 20 **A Ah, fond memories, yeah, okay.**  
 21 **Q** Those were the days, right?  
 22 **A Yep.**  
 23 **Q** So can you just give me a little bit of background in  
 24 terms of how it is that you came to form this group of  
 25 -- or became involved with the group of people who

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1 collaborated on this complaint to the PUC?  
 2 **A Yeah, this was all over the news, the smart meter**  
 3 **effort. There were several complainants the year**  
 4 **before whose complaints carried on into 2011, and it**  
 5 **was those complainants whose actions formed the basis**  
 6 **for the final opt-out settlement, if you will.**

7 And I learned of the effort through the press  
 8 about the -- the com -- these earlier complaints, and  
 9 as I recall, 2011 is really when the deployment  
 10 started, or beginning to start, and there are many  
 11 reasons to dislike smart meters or not want a smart  
 12 meter on your home, and so there was a lot of  
 13 opposition out there.

14 And something -- so -- so our complaint was  
 15 comprehensive. It dealt with many of the problems  
 16 with meters -- fire, cyber security, privacy issues,  
 17 constitutional issues, health in general. And what we  
 18 brought new to the table in our complaint was the  
 19 World Health Organization, IARC, International Agency  
 20 for Research of Cancer, classification of the RF that  
 21 smart meters emit as a Class 2B possible carcinogen.

22 **Q** So just in general terms, basically, Pages 5 through  
 23 12 of this document seem to focus on concerns that you  
 24 and your peers had about health issues pertaining to  
 25 smart meters, correct?

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1 **A I'm slowly looking at the document here. I'm on**  
 2 **Page 8, which is introduction, so I'm not sure. You**  
 3 **know, there's always a mixup with page numbers here**  
 4 **with PDF versus --**

5 **Q** Well -- okay. Well, these -- the copy I have has --  
 6 oh, I see because -- right.

7 **A Yeah, you see one number at the top of your screen and**  
 8 **then you see the page numbers of the actual document,**  
 9 **so --**

10 **Q** Right, so I'm talking about the page numbers of the --  
 11 of the actual document.

12 **A Okay, all right, just getting to that then.**

13 **Q** Sure.

14 **A Page 5 you said?**

15 **Q** Yeah, down at the bottom, it talks about a review of  
 16 health effects and introduction of new evidence?

17 **A Okay, yeah.**

18 **Q** Okay. And on the next page, you -- you cite in the --  
 19 the last full paragraph, above the Nos. 1 through 9,  
 20 the work of the BioInitiative Working Group, correct?

21 **A Yeah, and at the top of that, we cited the Naval**  
 22 **Research Lab, yeah.**

23 **Q** Okay. So before bringing this complaint, had you been  
 24 in touch with Dr. David Carpenter of the BioInitiative  
 25 Working Group?

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1 **A I don't think so, no.**

2 **Q** Okay. How did you come to -- well, let me ask you  
 3 this. Did you engage Dr. Carpenter to work with you  
 4 to help you with your case?

5 **A Um, yes.**

6 **Q** And how did that come about?

7 **A Um, I don't recall exactly, but I -- I'm a -- I'm a**  
 8 **science guy, I research things. His name certainly**  
 9 **would have come up as I looked through the literature**  
 10 **on this subject here.**

11 I also did meet him personally once up in Augusta  
 12 when he was here for a -- to testify on a cellphone  
 13 bill, I believe it was, but I don't know if that was  
 14 -- I think that was after -- I think that was after  
 15 the fact here of -- of bringing him on in this  
 16 complaint.

17 **Q** And we then go to, basically, Pages 12 through 20 of  
 18 the document, and we don't need to go through this in  
 19 great detail, but just in general.

20 This is the section of your submission that  
 21 focuses on privacy and electronic trespass concerns,  
 22 correct?

23 **A Um, I'm looking. Page 10 -- and I -- and let me just**  
 24 **clarify that with -- at this stage of the complaint**  
 25 **here, this was a ten-person complaint, we had, I**

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1 **think, 19 of us, we didn't have any experts onboard**  
 2 **for this, so --**

3 **Q** Okay.

4 **A -- we only got into having experts when we appealed**  
 5 **the PUC decision and hired Bruce McGlaflin as our**  
 6 **attorney.**

7 **Q** Okay.

8 **A Yeah.**

9 **Q** So initially -- so Bruce was not -- I'm sorry, I  
 10 didn't mean to interrupt you.

11 **A Yeah, so -- so, initially, this was just us 19 people**  
 12 **filing --**

13 **Q** Okay.

14 **A -- this complaint.**

15 **Q** Okay. So Bruce was not working with you at this  
 16 point.

17 **A Correct.**

18 **Q** As I recall, this was denied or dismissed or rejected  
 19 by the PUC, appealed to the Maine Supreme Court, they  
 20 overturned that and sent it back, and that's when you  
 21 got Mr. McGlaflin involved?

22 **A That's correct.**

23 **Q** Okay. And in this document and throughout other  
 24 documents, you accuse Central Maine Power Company of  
 25 extortion, correct?

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1 **A Citing the Hobbs Act, yes.**

2 **Q** And, in fact, did you at some point write a letter to  
3 the Attorney General, asking the Attorney General of  
4 the State of Maine to initiate a prosecution of  
5 Central Maine Power Company for extortion?

6 **A That sounds familiar.**

7 **Q** Well, when you say it sounds familiar, do you think  
8 you did that?

9 **A I think I probably did. I wrote to the FBI, and I**  
10 **wrote to the AG.**

11 **Q** Do you have a copy of your letter to the FBI?

12 **A Oh, I probably do on the computer somewhere.**

13 **Q** By the way, what is your Internet connection? How are  
14 you connected to the Internet if you don't have Wi-Fi?

15 **A I just have a wired cable from Comcast that comes into**  
16 **a -- comes into a straight modem and plugs into my**  
17 **computer.**

18 **Q** Okay. And then if we skip to Exhibit 2 and just tell  
19 me when you have that.

20 **A Okay. This would have been the next step in the**  
21 **process, yeah.**

22 **Q** And this is, I guess --

23 **A The request for reconsideration from the commission,**  
24 **and if they don't respond within 20 days, it seemed to**  
25 **have been denied, which they didn't, and then that's**

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1 **when we hired an attorney, and any appeal, as you**  
2 **know, from the commission goes straight to the Law**  
3 **Court.**

4 **Q** Right. And in this document, again, you accused,  
5 well, the PUC, I guess, of extortion and also the  
6 crime of reckless endangerment?

7 **A I'd have to look through. I don't know that we**  
8 **accused the PUC of extortion, but --**

9 **Q** Let's see.

10 **A -- I haven't read this document in -- in a long time,**  
11 **so I -- I'm not prepared to say aye or nay to any part**  
12 **of it without rereading it, you know.**

13 **Q** Okay. Why don't we take a look at Page 4 of this  
14 document.

15 **A Yep, I see reckless endangerment, yeah, hm-hmm.**

16 **Q** It says that the commissioners endangered each and  
17 every CMP rate payer by not providing adequate  
18 information and both continue to violate Section 101,  
19 and that is Section 101 of the PUC enabling statute,  
20 correct?

21 **A Okay, you're down at the bottom of the page here,**  
22 **okay. Yeah, that would be -- I assume so, yeah.**

23 **Q** Do you think it was fair for you to accuse both  
24 Central Maine Power Company and the Public Utilities  
25 Commission of extortion and reckless endangerment?

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1 **A I do, and it doesn't say I'm accusing. I just said --**  
2 **the complaint says that -- that they -- that CMP and**  
3 **-- and the Commissioners endanger each and every CMP**  
4 **rate payer by not providing adequate information on**  
5 **this and will continue to violate this particular part**  
6 **of the statute, inconsistent with public interest.**

7 **Q** Well, you -- I mean, to be candid, you did accuse CMP  
8 of extortion, right?

9 **A I did. You're making us pay to avoid a biological --**  
10 **an active biological substance which, at least for**  
11 **some people, is quite harmful, paying to -- we're**  
12 **paying to avoid harm.**

13 **Q** And did you ever get a response from the Attorney  
14 General or from the FBI to your request that they  
15 prosecute Central Maine Power Company for extortion?

16 **A Yeah, it didn't -- didn't rise to the top of their**  
17 **to-do list.**

18 **Q** Does that mean you did not get a response from either  
19 of them?

20 **A Um, no, I think I got responses. It may have been on**  
21 **the phone; it may have been written. I don't recall,**  
22 **actually.**

23 **Q** If you received written responses, would those be the  
24 kinds of things that you would have saved on your  
25 computer or somewhere?

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1 **A If I -- if I did, I -- I would have, yes. I can look**  
2 **for those, if you like.**

3 **Q** Sure.

4 **A Was that yes, you would like me to --**

5 **Q** Yes, please, I would.

6 **A I won't do it right now, but I'll -- we can do it and**  
7 **get back to you --**

8 **Q** Sure.

9 **A -- if that's -- if that's all right.**

10 **Q** Yeah, that'd be great.

11 **A I'm just writing that down on a scrap of paper here.**  
12 **Okay.**

13 **Q** Okay. Let's look at the next -- the next exhibit,  
14 which is Exhibit 3, and this is the brief that  
15 Attorney McGlaulin filed for your group after the PUC  
16 hearing. This is a longer document, and it might take  
17 you a little bit longer to scroll through it, but,  
18 fortunately, I'm not going to ask you a whole lot  
19 about it.

20 I guess what I would like you to do is get to  
21 Page 52 of the document and just let me know when you  
22 get there.

23 **A Okay. Okay, I'm there. I don't see the whole page on**  
24 **my screen at once, so I may have to scroll around a**  
25 **bit.**

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1 Q Okay, okay. So, basically, from Pages -- and the  
2 reason I'm doing this is to avoid having to go through  
3 the whole Maine Public Utilities Commission record  
4 entry by entry, I think this sort of summarizes.

5 So would you agree with me that this brief was an  
6 effort on the part of your counsel to summarize the  
7 evidence that you and he believed supported your case  
8 at the Maine Public Utilities Commission?

9 MR. LANSER: I'm going to object to the extent  
10 that's a -- calls for speculation of what the --  
11 counsel intended the document to be, but go ahead and  
12 answer, Mr. Friedman, if you know.

13 A Yeah, and I'll try -- it's not me, again, there were  
14 19 of us involved in this; I just happened to be the  
15 spokesperson on there.

16 So -- so repeat the question, if you would,  
17 please, Chris.

18 BY MR. TAINTOR:

19 Q Sure. Well, let me -- let me back up a little bit.  
20 When you were working with Mr. McGlaufflin to present  
21 your case to the Maine Public Utilities Commission,  
22 first of all, did you collaborate with him fairly  
23 closely?

24 A I did.

25 Q And would you typically review documents that he filed

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1 with the commission before he filed them?

2 A I did.

3 Q Do you believe you reviewed this post-hearing brief,  
4 Exhibit 3, before it was filed?

5 A I'm sure I did.

6 Q And so did this document satisfactorily memorialize  
7 for you what you believe to be a fair summary of the  
8 evidence supporting your position in the Public  
9 Utilities Commission case?

10 A Let me just try and get something straight here. This  
11 is a post-hearing brief. Is this our initial brief,  
12 or is this -- I'm trying to remember how the -- how  
13 the process worked at the Law Court. It's a post-  
14 hearing, so which --

15 Q So this -- this is the -- let's take a look at -- I  
16 can tell you the date is December 13, 2013.

17 A So this is --

18 Q Does that help?

19 A Well, I'm just thinking this is not our initial  
20 complaint or -- I mean, we had the complaint before  
21 the commission, and then we appealed to the Law Court.  
22 Yeah, so this -- so this is -- who was -- who was this  
23 submitted to?

24 Q So let me --

25 A It looks -- it looks like this was submitted to the

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1 PUC, not to the Law Court. Is that --

2 Q Right, that's true. Number 4, the next one is the one  
3 that was submitted to the Law Court.

4 A Yeah, so I totally don't even remember this one. I  
5 just remember --

6 Q Okay.

7 A -- us appealing and -- and going to the Law Court. I  
8 forgot about this -- this -- this interim memo.

9 Q Okay. But at any rate, let me just --

10 A I would -- I would have reviewed it and I would have,  
11 you know --

12 Q Approved it?

13 A Yeah.

14 Q Okay. And I know you said you were only one of 19  
15 people, but do you think it's fair to say that you  
16 were sort of the leader of the group?

17 A Ah, yeah, probably, but there were several other  
18 people very involved, as well.

19 Q So this mentions that on the issue of cancer, and this  
20 is sort of starting at Page 52 of the document, this  
21 refers to testimony provided by a Dr. Hardell,  
22 H-a-r-d-e-l-l; do you remember him?

23 A I do.

24 Q And this characterizes him as a leading  
25 epidemiologist, if not the leading epidemiologist, in

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1 the world on the subject of cancer risks associated  
2 with RF exposure from wireless phones.

3 A That's correct.

4 Q Do you agree with that characterization?

5 A I do.

6 Q And Dr. Hardell submitted a good deal of testimony on  
7 -- on behalf of you and your colleagues in the PUC  
8 case?

9 A Yes.

10 Q And then it mentions another complainant expert, a  
11 Dr. Darius, it looks like his name is, Leszczynski; is  
12 that someone else you're familiar with?

13 A Yes.

14 Q And he also provided expert testimony on your behalf?

15 A Correct.

16 Q Did you believe that you had an ample opportunity to  
17 present expert testimony supporting your position in  
18 the Public Utilities Commission case?

19 A Yes and no in that I'm not sure we would have called  
20 anybody else, but it would have been good to have  
21 their voices heard. This was all -- once we were at  
22 the Law Court -- or, actually, once we were remanded  
23 back to the commission, all of -- all of the expert  
24 testimony was prefiled written testimony, with the  
25 option for Central Maine Power or the commissioners to

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1 call any expert for cross or further questions at the  
2 appropriate time, and the only person that was called,  
3 to my recollection, was Lennart Hardell by the  
4 commission, sometime later after -- long time after  
5 this document.

6 Q And was that testimony provided by telephone or live  
7 and in person? How was that done?

8 A That was tes -- that was by telephone or by video; I  
9 think it was by telephone. He's -- he's in Sweden.

10 Q Okay. At any rate, you -- I think what I understood  
11 you to say, and correct me if I'm wrong, was that you  
12 believe you put on the witnesses you wanted to put on  
13 in support of your case, at least in terms of expert  
14 testimony?

15 A Yes, and this is -- and -- and let's be clear that  
16 this -- the case we brought to the Law Court dealt  
17 with many aspects of smart meters. The Law Court  
18 essentially pigeonholed us into the health aspect, and  
19 that's -- so that's how the proceeding developed once  
20 we got the remand from the Law Court.

21 Q But on the -- on the issue of health, including the  
22 relationship between radiofrequency energy and cancer,  
23 you believed you put on -- were allowed to put on all  
24 the evidence you asked to put on on that issue, true?

25 A I think for the most part, yes.

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1 Q And the same thing for -- if we look at Pages 57 and  
2 58, there are references to oxidative stress, and that  
3 was a -- an issue that was presented by you and your  
4 expert witnesses to the Maine Public Utilities  
5 Commission?

6 A Can you direct me to the paragraph?

7 Q Sure, I guess if we -- if we look at the -- the  
8 paragraph that begins at the bottom of Page 57.

9 A Yeah, okay, I see that transitioning to Page 58, yeah.

10 Q Yeah, yeah, that refers to the fact that the experts  
11 you sponsored at the Public Utilities Commission  
12 described what they believed to be adverse  
13 physiological responses in the form of oxidative  
14 stress, true?

15 A Yeah, they -- they refer to Section -- whoever  
16 authored Section 18 of the BioInitiative report. I  
17 don't recall who that specifically was; I don't have  
18 the report in front of me.

19 Q And you recall that whole BioInitiative report was  
20 part of the evidence that was presented to the MPUC?

21 A Correct.

22 Q Now, I'll just skip ahead to Exhibit 4, and I guess I  
23 don't actually need to -- well, maybe I'll ask you a  
24 couple things about it.

25 Exhibit 4 is the brief that was filed in the  
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1 Maine Supreme Court on your behalf?

2 A Yep.

3 Q And if we look at Page 20 of that document, just let  
4 me know when you get there.

5 A Okay, I'm there.

6 Q So this is actually part of a section of the brief  
7 that's referred to as the summary of the argument, and  
8 at the bottom of Page 20, your lawyer argued on your  
9 behalf that the commission had failed to account for  
10 the cumulative and additive effects of RF radiation,  
11 providing no assurance to customers with impaired  
12 immune systems, EHS, or other conditions making them  
13 more susceptible to the adverse effects of RF  
14 radiation; do you see that?

15 A I do.

16 Q Did you regard yourself at that point in time as a  
17 person who was more susceptible than others to the  
18 adverse effects of RF radiation?

19 A I don't recall, actually.

20 Q So in -- in chronological -- for chronological  
21 context, I think you --

22 A It was after my diagnosis. I can see that this was  
23 filed in 2000, what was it, in '15 or something?

24 Q Yeah, May 11th, 2015. I think your diagnosis was in  
25 October-November of 2013, correct? As of --

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1 A Correct.

2 Q As of May of 2015, did you understand and believe that  
3 you were a person whose disease made you more  
4 susceptible than the average person to the adverse  
5 effects of RF radiation?

6 A Oh, I probably did, but I don't -- honestly don't  
7 recall what my feelings were at the time.

8 Q You were opposed --

9 A And -- and --

10 Q Sure.

11 A This is the -- this is the -- the process was well  
12 under way, let's make that clear. This was the second  
13 time we were going to the Law Court, so the case was  
14 already well under way. The case started back in, you  
15 know, 2011, and I think we were -- went to the Law  
16 Court in 2012, well before my diagnosis. So this was  
17 an appeal of the PUC's first denial or second --  
18 second denial, I believe, yeah.

19 Q Right. So this is an appeal of the second -- this was  
20 the second appeal to the Maine Supreme Court. This is  
21 after the -- the PUC has dismissed the case once and  
22 the Law Court has overturned it, it's gone back, and  
23 you've had a full hearing; is that correct?

24 A Had a full -- full investigation, they reached -- they  
25 -- they came out with the decision, and that's what we

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1 **appealed here.**  
 2 **Q** Right.  
 3 **A** Yeah.  
 4 **Q** I think -- I think you told me -- although I, again, I  
 5 understand your diagnosis was not until, I think,  
 6 early November of 2013, but --  
 7 **A** **And even then, it was sort of a watch and wait kind of**  
 8 **a situation, let's see how you're -- see how it goes,**  
 9 **so --**  
 10 **Q** Right, right. But I think you told us before that you  
 11 had been concerned about your physical condition, I  
 12 think --  
 13 **A** Yes.  
 14 **Q** -- maybe I'm wrong, as -- at some point in 2012, true?  
 15 **A** **Possibly late 2012 or early 2013 because I couldn't --**  
 16 **Q** And that --  
 17 **A** **-- yeah, I mean, I couldn't walk around the field**  
 18 **without getting tired, and I was due for a**  
 19 **colonoscopy, to check that out, to see maybe if I was**  
 20 **bleeding inside, and I had a helicopter crash instead,**  
 21 **so that postponed that, and -- and things escalated**  
 22 **from there.**  
 23 **Q** But -- and those concerns about your fatigue or  
 24 weakness, what -- however you want to characterize it,  
 25 your inability to walk around the fields, was -- was

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1 linked, in your own mind, to this sort of background  
 2 concern you had about the possibility that you could  
 3 have Waldenstrom's, true?  
 4 **A** **Actually, no, not that I recall. I did not know why I**  
 5 **was so tired. I mean, it could be, you know, it could**  
 6 **be a zillion things that make you that fatigued, so I**  
 7 **really didn't know, and I'm just kind of starting from**  
 8 **basics with a colonoscopy, you know, am I bleeding**  
 9 **somewhere that I don't know about, you know.**  
 10 **Q** So I -- I think what I understood you to say is that  
 11 you don't -- as you sit here today, you don't remember  
 12 whether in May of 2015 you believed that you were  
 13 particularly susceptible because of your cancer to the  
 14 effects of RF radiation; is that true?  
 15 **A** **I don't recall. By that time, I would have been**  
 16 **diagnosed, so it was likely, but the proceeding was**  
 17 **already well under way, so we couldn't really bring**  
 18 **that into -- you know.**  
 19 **Q** Right. And I'm not -- I'm not focusing on what you  
 20 should have done or -- or could have done. I'm just  
 21 asking you what your state of mind was in -- in May of  
 22 2015.  
 23 **A** **I don't -- I don't recall the specifics of my state of**  
 24 **mind then.**  
 25 **Q** You were opposed -- you were opposed to smart meters

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1 for many reasons before you ever came to believe that  
 2 your cancer made you unusually susceptible to the  
 3 effects of RF radiation, true?  
 4 **A** **True.**  
 5 **Q** And those reasons included what you believed to be the  
 6 general health effects on the population, was one  
 7 thing, right?  
 8 **A** **That would be one.**  
 9 **Q** Also, the issue of electronic trespass was another  
 10 concern that you had, true?  
 11 **A** **True.**  
 12 **Q** And I guess there were issues associated with that,  
 13 I'm not sure what they all are, there's -- and there  
 14 were privacy concerns, I think you mentioned  
 15 constitutional concerns?  
 16 **A** **Yeah.**  
 17 **Q** Anything else I'm missing?  
 18 **A** **Well, there was a list of about -- I don't know, there**  
 19 **was probably seven or nine there; they're articulated**  
 20 **in the various -- in the complaints.**  
 21 **Q** So is it fair to say that you were -- were opposed and  
 22 would have been opposed, up until today, to having a  
 23 smart meter, irrespective of whether or not you hadn't  
 24 been diagnosed with cancer?  
 25 **A** **Yes, there are many reasons to dislike or to -- to**

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1 **dislike having a smart meter or to not want a smart**  
 2 **meter, many good reasons, yeah. And like I said, it's**  
 3 **such a bad idea, it's something for everyone to hate.**  
 4 **Q** So I now want to ask you about Exhibits 5 and 6  
 5 together, and these are both just one-page documents,  
 6 which will make life a little bit easier. Just tell  
 7 me when you have those or -- I'm sure you understand  
 8 where I'm going, so --  
 9 **A** **I have -- I have 5 up on my screen now.**  
 10 **Q** Okay. So 5 is the -- the sort of -- I call it a form  
 11 letter, a proposed letter that you had prepared --  
 12 **A** **Yep, proposed draft for Dr. Benton.**  
 13 **Q** -- for Dr. Benton to sign, and then Exhibit 6, which I  
 14 guess you don't need to turn to at the moment, unless  
 15 you want to, is the actual letter that Dr. Benton  
 16 signed.  
 17 **A** **Hm-hmm, yeah.**  
 18 **Q** Have you -- have you reviewed Dr. Benton's deposition  
 19 transcript?  
 20 **A** **Ah, I did once, yeah.**  
 21 **Q** So the -- the proposed letter, Exhibit 5, is something  
 22 that was created entirely by you?  
 23 **A** **Correct.**  
 24 **Q** And in the second paragraph, it looks like that's --  
 25 actually, that paragraph is one sentence, so --

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1 **A Unusually long sentence, isn't it?**  
 2 **Q** Well, yeah, that's all right.  
 3 **A But it is.**  
 4 **Q** In the -- in the first half of that paragraph, so,  
 5 basically, the first five lines I want to focus on  
 6 first --  
 7 **A Okay.**  
 8 **Q** -- was it your intention to convey there that  
 9 Dr. Benton had seen evidence of fatigue, cognitive  
 10 difficulties, memory issues, heart arrhythmia, and  
 11 various other things in you or just that he had seen  
 12 that evidence in the literature?  
 13 **A I'm reading the paragraph.**  
 14 **Q** Sure, take all your time -- all the time you need.  
 15 **A I think -- I think the whole paragraph speaks for**  
 16 **itself. The -- the specific health issues that are**  
 17 **mentioned there are -- in general, these are issues**  
 18 **that come up in the scientific literature. So there**  
 19 **-- there are references to problems that have been**  
 20 **cited in the scientific literature, not necessarily**  
 21 **problems that I have.**  
 22 **Q** Gotcha, okay.  
 23 **A Based on these sorts of things, there is some chance**  
 24 **that my own condition may be exacerbated by exposure.**  
 25 **Q** As of the time you drafted Exhibit 5, had you ever

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1 **with some of those issues, so --**  
 2 **Q** Well, back in Novem -- I think what he said was that  
 3 you had had some fatigue when you were first  
 4 diagnosed.  
 5 **A That's correct.**  
 6 **Q** And that had been resolved, correct?  
 7 **A The -- the extent of it was resolved, and anemia, you**  
 8 **know, very low hemoglobin counts, and so forth, and,**  
 9 **you know, received some transfusions of -- I forget,**  
 10 **you know, essentially iron, ferritin for anemia.**  
 11 But, no, I mean, I've always been -- I don't have  
 12 the -- the perseverance that I used to and, yeah, and  
 13 -- and after this letter, I'll say that, you know, we  
 14 sort proved it in the field, if you will.  
 15 **Q** I'm sorry, what do you mean by that?  
 16 **A So one of the side effects of the medication that I'm**  
 17 **on is very, very easy bruising and bleeding, and I had**  
 18 **a surgery in -- a couple of years ago, I can't**  
 19 **remember when exactly, to remove some hardware that**  
 20 **had been put in my hip after my helicopter crash, hurt**  
 21 **my knee a little bit before then, in order to -- so,**  
 22 **typically, before surgery, you want to stop your**  
 23 **medication for about four days or five days, something**  
 24 **like that, and then you withhold it afterwards for a**  
 25 **bit.**

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1 spoken with Dr. Benton about your concerns with  
 2 low-level EMF radiation exposure from smart meters?  
 3 **A I don't recall, but I certainly would have asked him**  
 4 **before drafting this letter, or I suspect I would**  
 5 **have, if I could -- you know, if he'd be willing to**  
 6 **write a letter of this, you know, of this vein, of**  
 7 **this sort for me.**  
 8 **Q** So then if we look at Exhibit 6, do you have that?  
 9 **A I do.**  
 10 **Q** The second paragraph of this document says, we are  
 11 concerned that low-level nonionizing radiation  
 12 exposure of the type and levels emitted by  
 13 electromagnetic frequency invoicing tools may  
 14 exacerbate problems already experienced by my patient,  
 15 including fatigue, cognitive difficulties, memory  
 16 issues, and multiple cancer types.  
 17 **A Yeah.**  
 18 **Q** Now, what Dr. Benton said under oath was that when he  
 19 signed this letter, he was not aware, based on his  
 20 interactions with you, that you were suffering from  
 21 fatigue, cognitive difficulties, or memory issues; do  
 22 you agree with that testimony?  
 23 **A Well, I agree that's what he said; I don't agree with**  
 24 **that being accurate. I mean, he may -- he may or may**  
 25 **not have known, but -- but I certainly am struggling**

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1 And because I had hurt my knee, I think it was, a  
 2 few weeks before, I stopped some -- stopped my  
 3 medication then to try and facilitate that healing up  
 4 in preparation for the surgery, which was a little  
 5 further out. So, basically, I was probably a couple  
 6 of weeks before surgery without my meds, a week or so  
 7 after, maybe it was three weeks before, but three  
 8 weeks off my meds, I couldn't make it around the  
 9 field. I was -- it just like I ran out of gas.  
 10 So fatigue is very much an issue, and it's --  
 11 it's still an issue even on the meds, but makes most  
 12 things -- you know, make a lot of things doable, yeah.  
 13 **Q** Okay. So --  
 14 **A That was -- that was an eyeopener, honestly; it was**  
 15 **like holy crap, you know. I just -- I would not be**  
 16 **here without my meds that I have.**  
 17 **Q** So I'm going to read you a question and answer from  
 18 the deposition of Dr. Benton, and this is actually  
 19 Exhibit 8. You can look at it, if you want, or -- or  
 20 not.  
 21 **A I'll take your word for it, go ahead.**  
 22 **Q** At Page 9, Line 3, I asked him this question. So from  
 23 the time you diagnosed Mr. Friedman in October of 2013  
 24 until you wrote the letter, which is Benton Deposition  
 25 Exhibit 2, dated November 30, 2016, had you noted in

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1 your treatment of him any cognitive impairment that he  
2 was experiencing? And his answer was no.

3 Do you have any reason to disagree with  
4 Dr. Benton's testimony on that score?

5 **A I don't disagree with what he recalls or what he**  
6 **testified. I see him for a few minutes every few**  
7 **months, you know.**

8 **Q** Right. So my question is not whether you were  
9 experiencing cognitive difficulties in November --  
10 November of 2016, but whether that had ever been an  
11 issue that had been raised during your treatment with  
12 Dr. Benton, and he said it was not; do you agree with  
13 that?

14 **A I can't recall. It probably is -- is -- probably is**  
15 **the case, but I -- I can't recall. You know, I fill**  
16 **out a sheet every time I go to the office, you know,**  
17 **are you eating, you know, do you have cramps, you**  
18 **know, it asks a number of questions, and -- and that's**  
19 **not a question that's on that sheet, as far as I**  
20 **remember. So --**

21 **Q** And then at -- I'm sorry, I didn't mean to cut you  
22 off. Were you done?

23 **A I'm fine, I'd say go ahead.**

24 **Q** So the same page, Page 9 of Dr. Benton's deposition  
25 starting at Line 11, I asked, and over the course of

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1 that roughly three-year period, had you noted any  
2 memory impairment? And then after some clarification,  
3 he said, at Line 19, I did not see any change in  
4 memory.

5 Do you believe that Dr. Benton's testimony is  
6 accurate when he said that as of November of 2016, he  
7 had not seen any change in your memory?

8 **A If that's what he said, then that's -- then that's**  
9 **what he saw. I can't -- I can't -- it's not my**  
10 **testimony, sir.**

11 **Q** Right. But someone put this language in --

12 **A Well, I have --**

13 **Q -- Exhibit --**

14 **A Yeah, I have the memory issues. We're not -- I mean,**  
15 **that's a different question. That -- that sort of**  
16 **gets back to what you just were saying. You weren't**  
17 **asking me about my opinion. You're asking me about**  
18 **the accuracy of -- of what Dr. Benton said. If that's**  
19 **what he said he was aware of or not aware of, that's**  
20 **for him to say.**

21 I can't say that I ever discussed I'm losing my  
22 memory with him. I may have mentioned something about  
23 memory or not, but I -- I probably did. But --

24 **Q** Well, you -- I think at the beginning of the  
25 deposition, I asked you whether you have any memory

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1 deficits even today --

2 **A Yeah.**

3 **Q -- and I thought, and perhaps I was wrong, that you**  
4 **said you were not aware of any memory deficits.**

5 **A No, I don't recall that question or that answer.**

6 **Q** Okay. So let -- let me ask you this question then.  
7 As of November 30, 2016, did you have memory deficits  
8 that you believed were related in some way to your  
9 cancer or to your cancer treatment?

10 **A I'm trying to remember; I'm not being funny with you.**  
11 **Yes, I think it's fair to say I was having some memory**  
12 **issues, and whether or not they're connected with my**  
13 **cancer or the medication it's hard to say**  
14 **definitively.**

15 **Q** Okay. What -- what were the memory issues you were  
16 experiencing in November of 2016? How were they  
17 affecting -- how were they affecting your life?

18 **A I was starting to forget people's names; I was**  
19 **starting to maybe forget what I needed to do a little**  
20 **bit.**

21 **Q** Anything else?

22 **A Yeah, kind of shorter- -- shorter- -- shorter-term**  
23 **memory stuff and names are two things that stick out**  
24 **in my -- in my mind.**

25 **Q** Did that cause you concern for your ability to fly a

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1 helicopter safely?

2 **A No.**

3 **Q** You may have told me this, but I'll ask you again  
4 because I don't recall your answer. When you filled  
5 out questionnaires for the FAA every year, did you  
6 have to give them information about your cognition and  
7 -- and memory?

8 **A I don't recall, but I don't think so.**

9 **Q** And when you say that you --

10 **A More --**

11 **Q** I'm sorry, go ahead.

12 **A More about doctors -- more about doctors you've seen**  
13 **and more traditional, you know, have you had an eye**  
14 **problem, have you had, you know, urinary tract**  
15 **infections, have you broken any bones, or what -- you**  
16 **know, whatever.**

17 **Q** Did you, and I know we haven't been provided with  
18 Dr. Deck's medical records, did you report either  
19 cognitive difficulties or memory deficits to Dr. Deck  
20 back in 2016?

21 **A I don't recall.**

22 **Q** Did you report any such difficulties or deficits to  
23 Dr. Goldbas back in 2016?

24 **A I don't recall.**

25 **Q** When you say that you believe that you were

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1 experiencing some initial memory problems back in  
 2 2016, are you saying that because you -- you know that  
 3 that's true and you can place it in time, or are you  
 4 speculating?  
 5 **A I'm saying that I have had the issues for a while, and**  
 6 **I think they would go back to 2016, possibly -- I**  
 7 **think they'd go back before then, and because I have**  
 8 **had some people mention that to me, you know, either**  
 9 **you're not -- either something's wrong with your**  
 10 **memory or I don't know what, you know, so --**  
 11 **Q** Who's mentioned that to you?  
 12 **A My -- my neighbor Kathleen.**  
 13 **Q** Anyone else?  
 14 **A Um, no one else. I think the rest of it's been on my**  
 15 **own because I struggle to remember something or**  
 16 **realize that I may have forgotten something.**  
 17 **Q** Other than the memory deficits you've described, do  
 18 you believe that you were having cognitive limitations  
 19 in November of 2016?  
 20 **A I think it's taking me longer to get organized or to**  
 21 **organize things, keep track of some things.**  
 22 **Q** Do you know whether you had ever undergone any  
 23 cognitive testing as of November of 2016?  
 24 **A Not to my knowledge.**  
 25 THE DEPONENT: I'm going to ask for a bathroom  
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1 break.  
 2 MR. TAINTOR: Sure.  
 3 THE DEPONENT: All right. Be back in a few.  
 4 MR. TAINTOR: Yeah.  
 5 (A break was taken from 11:51 a.m. to 11:57 a.m.)  
 6 BY MR. TAINTOR:  
 7 **Q** So this November 30, 2016 letter from Dr. Benton --  
 8 well, first of all, before we talk about that in more  
 9 detail, let me just ask you about the conversation  
 10 that led to or that resulted in the changes from  
 11 Exhibit 5 to Exhibit 6, your proposed letter to  
 12 Dr. Benton's letter.  
 13 Do you recall the substance of any discussions  
 14 with Dr. Benton about what you had proposed and why he  
 15 preferred not to sign your proposed letter?  
 16 **A Nope.**  
 17 **Q** Dr. Benton never told you, did he, that he had  
 18 researched the issue of whether there were biological  
 19 effects from low-level nonionizing radiation of the  
 20 kind emitted by smart meters?  
 21 **A No.**  
 22 **Q** Dr. Benton never told you, did he, that it was his  
 23 opinion that you would be better off from a medical  
 24 standpoint not having a smart meter?  
 25 **A No, Dr. Benton respected my ability to do research,**  
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1 **and his first duty is care of his patient, and I think**  
 2 **probably he didn't see anything harmful in writing a**  
 3 **letter like that knowing that I'd researched it.**  
 4 **Q** Dr. Benton?  
 5 **A There was --**  
 6 **Q** I'm sorry, I didn't mean to interrupt you.  
 7 **A And there was -- and there was -- and there was**  
 8 **significant -- I was -- I had told him there were**  
 9 **significant reasons for the -- for the letter.**  
 10 **Q** Dr. Benton never told you, did he, that RF radiation  
 11 from smart meters posed a risk to your health?  
 12 **A No.**  
 13 **Q** Let me ask you about Exhibit 7. It seems to be pretty  
 14 much the same letter, but dated April 30, 2020.  
 15 Do you remember what the occasion was for this  
 16 letter to be generated?  
 17 **A I do.**  
 18 **Q** What was that?  
 19 **A At the start of this proceeding essentially or -- or**  
 20 **as a prequel to it, Attorney Most recommended that**  
 21 **I --**  
 22 **Q** You -- you probably shouldn't talk to me about  
 23 conversations with Attorney Most. If there's anything  
 24 -- I mean, unless -- unless Mr. Lanser --  
 25 MR. LANSER: No.  
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1 BY MR. TAINTOR:  
 2 **Q** -- is comfortable having you do that.  
 3 MR. LANSER: I was about to jump in myself. So,  
 4 yeah, please no com -- nothing -- nothing that was  
 5 discussed with the attorneys.  
 6 BY MR. TAINTOR:  
 7 **Q** So is it fair to say that without doing that, he can't  
 8 -- that would be the only occasion for the --  
 9 generating the letter?  
 10 **A Yes.**  
 11 **Q** Okay. I don't want to get into that with you.  
 12 **A Updated letter.**  
 13 **Q** Okay. You did not have a further conversation with  
 14 Dr. Benton in April of 2020 about the substance of  
 15 this letter, did you?  
 16 **A I don't recall.**  
 17 **Q** I think I'm going to skip over Exhibit 8 for now,  
 18 which is the Benton deposition. We can always go back  
 19 to it, if we want.  
 20 I'm going to ask you a little bit about Exhibit  
 21 9, which is your complaint to the Maine Human Rights  
 22 Commission. Just tell me when you have that.  
 23 **A Okay, that's just a cover sheet for it, yeah.**  
 24 **Q** Well, I'm not sure it's the cover sheet -- or maybe --  
 25 I guess there may be a lot more involved, but what I'm  
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1 looking at --  
 2 **A Exhibit 9 you said, correct?**  
 3 **Q** Yes.  
 4 **A And that's just a one-pager --**  
 5 **Q** Right.  
 6 **A -- one-page document here.**  
 7 **Q** Right. So the -- in the middle of the page, there's a  
 8 block that says the particulars are. It says, I am  
 9 physically impaired. Those impairments interfere with  
 10 major life activities --  
 11 **A Yeah.**  
 12 **Q** -- including fatigue, inability to walk long dis --  
 13 distances without rest, and a compromised immune  
 14 system.  
 15 You did not include in this document any  
 16 reference to having cognitive or memory deficits,  
 17 correct?  
 18 **A That's correct, it says including. It doesn't say**  
 19 **everything; it says including.**  
 20 **Q** Right, right. This goes on to say, in the next  
 21 paragraph, B, my physician recommended that I avoid  
 22 exposure to EMF radiation.  
 23 Now, that statement was false, wasn't it?  
 24 **A No, I have a letter to that effect from -- from --**  
 25 **Q** Well, you had a letter that -- you had a letter that

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1 you had written, which --  
 2 **A I -- I --**  
 3 **Q** -- which suggested that your accommodation without  
 4 penalty be granted, but, in fact, Dr. Benton had never  
 5 said to you, as I think you told me just a moment ago,  
 6 that exposure to EMF radiation from a smart meter  
 7 would pose any risk to your health, correct?  
 8 **A That letter suggests that exposure to RF may**  
 9 **exacerbate my condition, and that -- that is**  
 10 **essentially accurate -- an accurate portrayal, and**  
 11 **then that is what Section B accurately portrays.**  
 12 **Q** Let's go back again to -- I guess we'll go back to the  
 13 Benton deposition transcript, which is Exhibit 8, and  
 14 it's actually the fifth page of the exhibit. You'll  
 15 see each page has four pages of text on it; do you see  
 16 that?  
 17 **A Yes.**  
 18 **Q** So I'm looking at Page 13, which is in the upper  
 19 right-hand corner of this page; do you have that?  
 20 **A Working on it, got it -- ah, no, I don't have it.**  
 21 **I've got 12, 14 -- okay, there's 13, yeah, go ahead.**  
 22 **Q** So I asked Dr. Benton, starting at Line 3, we're  
 23 talking about the December, excuse me, November 2016  
 24 letter, as of the time you signed this letter -- I  
 25 said, well, first of all, do you remember having a

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1 conversation with Mr. Friedman about what you were and  
 2 were not comfortable putting in the letter? And he  
 3 answered, yes. I asked him to describe the  
 4 conversation, and he said, well, not a verbatim memory  
 5 of the discussion, but just that I wasn't comfortable  
 6 saying, you know, that EMF exacerbates problems  
 7 already experienced. I said they may exacerbate. And  
 8 then I said, and before signing this letter, did you  
 9 perform any research at all to support the proposition  
 10 that EMF may exacerbate problems Mr. Friedman had  
 11 already experienced? And he said, no.  
 12 Now, the next line, I said, had you, prior to  
 13 this date, ever advised Mr. Friedman to minimize his  
 14 exposure to electromagnetic frequency radiation? And  
 15 he answered, no.  
 16 Is that a truthful answer on his part?  
 17 **A Um, it probably is, but -- but my comment to the Maine**  
 18 **-- my statement to the Maine -- Maine Human Rights**  
 19 **Commission accurately reflects the letter that**  
 20 **Dr. Benton wrote me, which, yes, it's based on my**  
 21 **draft, but it is a letter that he severely edited and**  
 22 **signed it.**  
 23 **Q** So --  
 24 **A It is my recommendation that Mr. Friedman's request**  
 25 **for reasonable accommodation without penalty be**

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1 **granted, etc.**  
 2 **Q** Okay.  
 3 **A And then --**  
 4 **Q** Okay, all right. You also went on to say, based on my  
 5 physician's recommendation, I have opted out of using  
 6 respondent's, meaning CMP's, EMF smart -- smart meter  
 7 -- I'm sorry, EMF meter and withheld opt-out fees.  
 8 In fact, you had opted out of the smart meter  
 9 program long before Dr. Benton wrote his letter or  
 10 signed his letter of November 30, 2016, correct?  
 11 **A That is true, yes.**  
 12 **Q** So that statement was false, correct?  
 13 **A I think it would reflect my continuing opt-out, my**  
 14 **continuing avoidance of the -- of the RF and**  
 15 **continuing withholding. Obviously, I was withholding**  
 16 **fees, as were probably thousands of people, before**  
 17 **this Maine Human Rights Commission was -- complaint**  
 18 **was filed.**  
 19 **Q** To be clear, though, the impetus for your opt-out was  
 20 not any recommendation from your doctor, true?  
 21 **A That's true.**  
 22 **Q** You were going to opt out regardless of anything your  
 23 doctor said.  
 24 **A I was opting out, yes, well before -- I was opting out**  
 25 **be -- before I knew I had cancer, okay?**

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1 Q Okay. And, actually, if we go above in Paragraph a,  
 2 the last sentence says, my conditions are exacerbated  
 3 from exposure to electromagnetic field radiation.  
 4 When you drafted this, you knew that Dr. Benton  
 5 had declined to sign a letter which said that your  
 6 conditions were or would be exacerbated from exposure  
 7 to electromagnetic field radiation, correct?  
 8 A Well, I believe my -- my draft says may be  
 9 exacerbated; it's not are. But I certainly believe  
 10 that my conditions -- yeah, for the purposes of this  
 11 filing form, essentially, filing the complaint, yeah,  
 12 I'm comfortable with what they -- with what I said.  
 13 It's what the evidence points to; I follow the  
 14 science. Fatigue is a well-known -- fatigue and  
 15 cancer and many other things are well-known effects of  
 16 exposure to EMFs and RF.  
 17 Q Well, no one has ever told you, and it's not your  
 18 claim in this lawsuit, that your cancer was caused by  
 19 radiofrequency emissions.  
 20 A Correct.  
 21 Q Correct?  
 22 A Correct.  
 23 Q All right. And the fatigue that you experienced was  
 24 experienced about the time that you were first  
 25 diagnosed with cancer, correct?

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1 A Yeah, shortly, you know, some -- some time before,  
 2 but, approximately, yeah.  
 3 Q And I think you told us that you had not been exposing  
 4 yourself to much radiofrequency radiation leading up  
 5 to that time because of concerns you had historically,  
 6 true?  
 7 A Yeah.  
 8 Q So you had no basis, either in your own experience or  
 9 from anything your doctor had ever told you, to make  
 10 the statement that your conditions were exacerbated  
 11 from exposure to electromagnetic field radiation,  
 12 correct?  
 13 A No, I disagree with you.  
 14 Q Why do you disagree?  
 15 A Because as a --  
 16 Q Let me -- let me ask the -- let me ask the question  
 17 differently.  
 18 First of all, no doctor had ever told you that  
 19 your conditions were exacerbated from exposure to  
 20 electromagnetic field radiation, true?  
 21 A Correct.  
 22 Q You had no basis, in fact, for believing that your  
 23 conditions were exacerbated from exposure to  
 24 electromagnetic field radiation, true?  
 25 A No.

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1 Q Why not? What's -- how's that wrong?  
 2 A Because virtually all of the science that I read on  
 3 the subject indicates that the two can go together and  
 4 -- and often do.  
 5 Q The two what?  
 6 A The exposure to RF and the exacerbation of the whole  
 7 variety of symptoms that are associated with RF  
 8 exposure, a number of which I was having, so I don't  
 9 -- I didn't need a doctor to tell me. I could read  
 10 the science and see that.  
 11 Q So is it --  
 12 A I -- my background is -- is in science, so I sort of  
 13 have some idea of what I'm doing here.  
 14 Q So, actually, I guess I should ask you that question.  
 15 What -- what is your -- what's -- I mean, I understand  
 16 that you're -- you do a lot of things that are  
 17 scientifically focused. What -- what's your education  
 18 in science?  
 19 A I have a bachelor of science in environmental -- a  
 20 bachelor of science in environmental science. It's a  
 21 broad -- broad-spectrum science, a lot of --  
 22 (Interruption by the court reporter, and the  
 23 deponent was asked to repeat his answer.)  
 24 THE DEPONENT: I'm sorry, Julie.  
 25 A It's an environmental science, BS in environmental

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1 science. It includes a lot of the ologies, for  
 2 example, wildlife biology, wildlife ecology,  
 3 glaciology, glacial geomorphology, snow morphology.  
 4 BY MR. TAINTOR:  
 5 Q Okay.  
 6 A I have biology. I have 40 years as an emergency  
 7 medical technician, so a lot of anatomy and  
 8 physiology.  
 9 Q Okay.  
 10 A I've continued a lot of that stuff -- science stuff in  
 11 my role here at Friends of Merrymeeting Bay on  
 12 different science work, research work.  
 13 Q All right.  
 14 A You're struggling over that last sentence in Part A, I  
 15 think.  
 16 Q No, I just want to sort of close the loop on this.  
 17 A Okay.  
 18 Q To be clear about your statement in Paragraph B that  
 19 your physician had recommended that you avoid exposure  
 20 to EMF radiation, that is based entirely on the letter  
 21 Dr. Benton signed and not on anything he ever told  
 22 you, correct?  
 23 A That's correct.  
 24 Q And the letter he signed contains the recommendation  
 25 that your request for a reasonable accommodation

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1 without penalty be granted to minimize your risk of  
 2 disease progression, symptoms, exacerbation, correct?  
 3 **A Correct.**  
 4 **Q** And that is similar to the language which is in the  
 5 last paragraph of Exhibit 5, which was your proposed  
 6 letter to Dr. Benton, correct?  
 7 **A It probably is. I don't have them both on my screen**  
 8 **right now, but, yeah.**  
 9 **Q** Okay. Well, in -- in your letter -- proposed letter,  
 10 you had said this modification, excuse me, this  
 11 accommodation/modification will reduce Mr. Friedman's  
 12 exposure to EMF radiation, preventing exacerbation of  
 13 his symptoms, retarding flare-ups, and disease  
 14 progression. I recommend therefore Mr. Friedman's  
 15 request for reasonable modifications and  
 16 accommodations to eliminate, without penalty, EMF  
 17 radiation exposure from Central Maine Power invoicing  
 18 tools be approved.  
 19 So the -- the recommendation made by Dr. Benton  
 20 was that your request be granted and that you not have  
 21 to pay, true?  
 22 **A Yep, to minimize my risk of disease progression, yeah.**  
 23 **Q** And Dr. Benton had never told you that if you had a  
 24 smart meter, there was a substantial risk that your  
 25 disease or your symptoms would progress, true?

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1 **A No, clearly, the letter he wrote was something that he**  
 2 **was comfortable with arriving at based on my draft and**  
 3 **my input.**  
 4 **Q** So I wasn't -- I wasn't sure when you said no what --  
 5 what you were saying no to. What -- let me ask you  
 6 this. Would you agree with me that in no conversation  
 7 you ever had with Dr. Benton, he never -- he ever said  
 8 to you -- strike that because it's poorly worded.  
 9 Would you agree with me that Dr. Benton never  
 10 said to you, Ed, if you have a smart meter at your  
 11 home, that's going to create a risk that you'll be  
 12 harmed?  
 13 MR. LANSER: I'm going to object to the form,  
 14 Chris, just because this has been asked and answered  
 15 several times at this point.  
 16 MR. TAINTOR: Sure.  
 17 MR. LANSER: You can go ahead and answer, though,  
 18 Mr. Friedman.  
 19 **A Yeah, he never said that to me specifically, but he --**  
 20 **he -- he did know that -- that the World Health**  
 21 **Organization classified this stuff as a possible human**  
 22 **carcinogen, and, frankly, it doesn't take an expert to**  
 23 **understand the relationship there. Exposure to**  
 24 **something like that is probably not a good idea,**  
 25 **especially to a cancer person.**

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1 BY MR. TAINTOR:  
 2 **Q** How do you know that he knew about that  
 3 classification?  
 4 **A Well, because I had told him that. It's common**  
 5 **knowledge, too. He may or -- he may or may not have**  
 6 **known without me, I don't know that, but --**  
 7 **Q** All right. So let's take a look at Exhibit 10, which  
 8 is your submission to the Human Rights Commission  
 9 objecting, in part, to the report of an investigator;  
 10 do you recall that?  
 11 **A I haven't read it in a long time, but I recall both**  
 12 **parties, myself and CMP objected to the investigator's**  
 13 **report, and when that happens, it gets bumped to the**  
 14 **commissioners. And I remind you that the investigator**  
 15 **suggested or recommended that I do get reasonable**  
 16 **accommodation.**  
 17 **Q** So I want to ask you about a statement at Page 11,  
 18 just tell me when you're there.  
 19 **A Okay.**  
 20 **Q** Now, these are documents that I got from the Maine  
 21 Human Rights Commission, so they've redacted them in  
 22 some ways, and I'm not sure that the redactions are  
 23 terribly important, but they may be.  
 24 The first full paragraph, you said that you were  
 25 part of a large group considered and recognized by the

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1 Federal Access Board and others as being disabled, I  
 2 don't know if that means RF-disabled, which is to say  
 3 we are either directly sensitive to, I assume that  
 4 means RF emissions --  
 5 **A Hm-hmm.**  
 6 **Q** -- or have an underlying condition that may be  
 7 exacerbated by RF emissions for which knowledgeable  
 8 medical authorities and providers recommend avoidance.  
 9 So is it your belief that the Federal Access  
 10 Board or some other agency has taken the position that  
 11 individuals with your particular illness should avoid  
 12 exposure to RF emissions?  
 13 **A It's not -- it's not my position. The Federal Access**  
 14 **Board has recognized people with either -- with EMF**  
 15 **sensitivities or conditions that may be -- might be**  
 16 **exacerbated by EMF as -- as disabled.**  
 17 **Q** You don't claim to have RF sensitivity, do you?  
 18 **A I don't. Knowing what I know, I consider us all**  
 19 **susceptible, though. It is --**  
 20 **Q** But you understand that even -- even the people who  
 21 tout the existence of RF sensitivity say that the  
 22 prevalence in the population is, I think, maybe  
 23 5 percent; does that sound right to you?  
 24 **A That's one number that's used, yeah.**  
 25 **Q** I think Dr. Carpenter, in his -- in his deposition,

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1 testified even that 5 percent might be a little high;  
 2 did you attend Dr. -- I'm sorry?  
 3 **A Yeah, as -- as -- as I say in this paragraph here, I**  
 4 **mean, 3 percent is -- was a common number, say 3 to 5**  
 5 **to 10 to 13 is a number that's used depending on the**  
 6 **study. A study in Taiwan shows 13 percent, and that's**  
 7 **-- those numbers reflect people that are aware and**  
 8 **have some sort of acute, fairly acute condition, so**  
 9 **they're -- they know about it as opposed to people**  
 10 **that might be getting frequent headaches that don't**  
 11 **know what they're from, and it could be from that.**  
 12 **Then the number jumps up to more like a third of the**  
 13 **people.**  
 14 **Q** But you -- you're aware of no evidence to suggest that  
 15 you personally are within that subgroup of the  
 16 population that is susceptible to exposure to RF  
 17 radiation, true?  
 18 **A I am not. I do have ringing in the ears, tinnitus,**  
 19 **developed it maybe five, six years ago. I don't know**  
 20 **what that's from; I'm not suggesting it's from RF, but**  
 21 **it is a common symptom of EMF sensitive --**  
 22 **sensitivities. So I don't want it to get any worse,**  
 23 **many causes for it, though.**  
 24 **Q** Yeah. And with the -- with respect to your particular  
 25 condition of Waldenström's macroglobulinemia --

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1 **A Yeah.**  
 2 **Q** -- I think is the correct pronunciation, you're not  
 3 aware of any authority, whether it be a public agency  
 4 or a medical group, that has recommended that persons  
 5 with that particular disease avoid exposure to RF  
 6 emissions, are you?  
 7 **A No, there are -- there are some studies out there,**  
 8 **some -- some ideas about environmental factors that**  
 9 **may play a role, as well as genetics, so kind of a --**  
 10 **a lot of it's a big question mark.**  
 11 As you know, it's not a very common disease,  
 12 although B-cell malignancy is far -- pretty common,  
 13 the most common being chronic lymphocytic leukemia;  
 14 this is another B-cell problem.  
 15 **Q** So let's take a look at Exhibit 11. This is the  
 16 complaint you filed in this case, tell me when you  
 17 have it.  
 18 **A Okay.**  
 19 **Q** I'm going to ask you to look at Page 2, Paragraph 5;  
 20 have you got that?  
 21 **A Yes.**  
 22 **Q** Is that statement true?  
 23 **A It's close anyway, I mean, that -- in that Dr. Benton**  
 24 **said I should -- I should -- I'll have to go back and**  
 25 **look at his letter. I'll go back and look at the**

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1 **letter; I will do that.**  
 2 We are concerned the low-level nonionizing  
 3 radiation exposure of the type and levels -- Julie,  
 4 I'm citing from the second paragraph of Exhibit 6 --  
 5 I'm citing from the second paragraph of Exhibit 6. We  
 6 are concerned that the -- that low-level nonionizing  
 7 radiation exposure of the type and levels emitted by  
 8 electromagnetic frequency, EMFs, invoicing tools may  
 9 exacerbate problems already experienced by my patient,  
 10 including fatigue, cognitive difficulties, memory  
 11 issues, and multiple cancer types.  
 12 It's my recommendation Mr. Friedman's request for  
 13 reasonable accommodation without penalty be granted to  
 14 minimize his risk of disease progression symptoms  
 15 exacerbation.  
 16 So the question is, is No. 5 accurate? I believe  
 17 that was your --  
 18 **Q** Yep.  
 19 **A -- question? In essence, yes. Word for word, no.**  
 20 **Q** You rely solely on the last paragraph of the Benton  
 21 letter to support Paragraph 5 of the complaint?  
 22 **A I rely on all three paragraphs.**  
 23 **Q** And, again, I know we've talked about this, but I  
 24 guess I should put a finer point on it.  
 25 Dr. Benton never said to you that you should not

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1 be exposed to any excess radiation in your home, did  
 2 he?  
 3 **A He didn't say that orally to me that I recall. This**  
 4 **-- what's written down here in the complaint is based**  
 5 **on the letter.**  
 6 **Q** If we look at the next page, Paragraph 22, Paragraph  
 7 22 is not accurate, is it?  
 8 **A Only in that -- only in that the disability was one**  
 9 **reason why I chose -- was one of a number of reasons**  
 10 **why I chose not to have it, and at that point, it**  
 11 **wasn't a disability, so --**  
 12 **Q** I'm sorry, I -- I didn't -- let me -- let me just --  
 13 **A So -- so --**  
 14 **Q** -- qualify this -- go ahead.  
 15 **A I was going to say, so I didn't initially choose not**  
 16 **to have a smart meter installed because of my**  
 17 **disability because I didn't know I had the disability**  
 18 **then. But choosing to continue not having a smart**  
 19 **meter on my house after the PUC case was done was, in**  
 20 **large part, because of the disability and the advice**  
 21 **of my doctors.**  
 22 **Q** But, again, I think we've already established, whether  
 23 or not you ever were diagnosed with cancer, you  
 24 weren't going to have a smart meter on your house,  
 25 true?

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1 **A At that point, yes, yep.**

2 **Q** Well, ever, right? You were never going to have a  
3 smart meter on your house?

4 **A I probably would continue to opt out if I had the**  
5 **option to do that; the disability sort of took away my**  
6 **option.**

7 **Q** In 2021, you recall that Central Maine Power Company  
8 petitioned the Maine Public Utilities Commission for  
9 authority or for permission to waive the opt-out fee  
10 for you individually?

11 **A Correct.**

12 **Q** And you opposed that, correct?

13 **A Yep.**

14 **Q** And why did you oppose it?

15 **A Well, there may have been issues around any possible**  
16 **terms of that, but the main reason is that I want to**  
17 **see a -- a ruling in federal court on this issue, the**  
18 **disability rights issue.**

19 **Q** So you -- although in your complaint you asked --  
20 well, let's go back and look at the complaint. I  
21 guess that's an easier way to do it, rather than me  
22 paraphrasing.

23 So if we look at Para -- excuse me, Exhibit 11,  
24 Page 11, really starts at the bottom of Page 10, this  
25 is the part of your federal complaint where you asked

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1 the court to do certain things, okay? Do you have  
2 that?

3 **A I'm not sure. I think -- let's see. Say again the**  
4 **page, please?**

5 **Q** Well, start at the very bottom of Page 10 of  
6 Exhibit 11.

7 **A Relief requested?**

8 **Q** Yep.

9 **A Yep.**

10 **Q** So this is where you ask the court to -- to enter  
11 judgment in your favor and to -- to do certain things  
12 for you, and then at the top of Page 11, one of the  
13 things that you asked for is a permanent injunction  
14 requiring CMP to comply with the requirements of  
15 various federal laws and to waive the opt-out fee for  
16 you, right?

17 **A Yes.**

18 **Q** And you understood that part of what Central Maine  
19 Power Company hoped to accomplish by requesting  
20 permission from the PUC to waive the opt-out fee was  
21 to -- to give you some of the relief you asked for in  
22 your complaint, correct?

23 MR. LANSER: I'm going to object that it's a call  
24 for speculation, but go ahead and answer,  
25 Mr. Friedman.

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1 **A I was going to say the same thing; I don't know what**  
2 **CMP's motivation was.**

3 BY MR. TAINTOR:

4 **Q** Well, you understood that if that --

5 **A Giving me a no-fee opt-out I think was part of the**  
6 **offer; I don't recall actually at this point.**

7 **Q** You -- you under -- well, you don't recall what CMP  
8 asked for permission to do?

9 **A I haven't looked at that document in -- in quite a**  
10 **while, so I -- I wouldn't want to speculate without**  
11 **going back and looking at it, and I obviously couldn't**  
12 **speak to the motivation behind it.**

13 **Q** Well, so let's put the motivation aside. The effect  
14 of the -- and certainly if you -- if you -- if you can  
15 seriously tell me that you don't remember, that's  
16 fine, we'll -- we'll mark it as an exhibit, but --

17 **A It's not -- it's not an exhibit now, is it? Can I --**  
18 **I mean, can I refer to it?**

19 **Q** No, not yet, and I said I'll mark it as an exhibit if  
20 we need to.

21 But you understood that the effect of the order  
22 Central Maine Power sought from the PUC was to give  
23 you a no-fee opt-out, right?

24 **A I think that's the case.**

25 **Q** And you opposed that.

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1 **A Correct.**

2 **Q** Even though that was relief you asked for in your  
3 complaint.

4 **A That was one of a number of forms of relief I asked**  
5 **for in my complaint.**

6 **Q** Right. But there were -- but one of the forms of  
7 relief you asked for in the complaint you actively  
8 opposed and objected to getting from the PUC, true?

9 **A The receipt of that form of relief from CMP external**  
10 **to a court order would be significantly different than**  
11 **were it to come via court order.**

12 **Q** Why so?

13 **A It wouldn't have the weight. It might be the -- it**  
14 **might be the same for me; it might change when the**  
15 **next utility company buys out CMP from Iberdrola, you**  
16 **know. It wouldn't have the same permanence I don't**  
17 **think, could be subject to change.**

18 **Q** Was that -- was that, in fact, your motivation for  
19 opposing the relief sought at the PUC?

20 **A The, yeah, the possible impermanence of it would be**  
21 **one aspect of it, along with the fact that these other**  
22 **things are not part of it, so it's --**

23 **Q** Well --

24 **A -- it's an important issue, and I want to see a**  
25 **federal court ruling on this.**

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1 Q So would it be fair to say that you are more  
 2 interested in the symbolic significance of a victory  
 3 than in actually getting the relief that you're asking  
 4 for in the complaint?  
 5 A **No, symbolic is not the right -- it's not the word I**  
 6 **would use.**  
 7 Q What word would you use?  
 8 A **I'm interested in, I guess -- I guess I would say,**  
 9 **maybe the most -- most effective, most permanent, most**  
 10 **definitive remedy to my situation here.**  
 11 Q Is part of your motivation that you are interested in  
 12 achieving an outcome that benefits not just you, but  
 13 other people?  
 14 A **That would be an additional possible benefit.**  
 15 Q Was that --  
 16 A **But this is -- but this is about me, this is about a**  
 17 **guy with a disability here just trying to not have to**  
 18 **-- just trying to get safe access to the same power**  
 19 **that my neighbor gets -- not my immediate neighbor**  
 20 **with the smart meter, but the other neighbor gets,**  
 21 **neighbor's a figure of speech, my neighbor gets safe**  
 22 **power without having to pay an additional fee.**  
 23 Q Okay. So let's take a look at Exhibit 12, just tell  
 24 me when you have it -- have it up.  
 25 A **Okay.**

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1 Q Excuse me. In the answer to Interrogatory No. 1, and  
 2 I had asked you to provide information about people or  
 3 healthcare professionals who you had treated with  
 4 since 2010, you objected and said, here's a list of  
 5 people who have, excuse me, have provided me with  
 6 treatment related to your lymphoma, and you mentioned  
 7 Dr. Goldbas, whose records I do have, Dr. Benton.  
 8 Who's Dr. Lowenstein?  
 9 A **Well, both he and Hobson are cardiologists, and when I**  
 10 **first had my -- when I first had an episode, I think**  
 11 **it was in 2020, of pressure in my chest, that evolved**  
 12 **over the course of some time into a trip to a**  
 13 **cardiologist, who is Stephen Hobson, and then he -- he**  
 14 **left the practice he was in. He's moved down to, I**  
 15 **think, Rockland area now, and so I changed over to**  
 16 **Lowenstein, who is in Brunswick.**  
 17 Q Okay. And the -- I think you -- you mentioned that  
 18 you have an occlusion in your left anterior descending  
 19 artery; is that true?  
 20 A **Partial stenosis, about 50 percent, in one spot, and I**  
 21 **have --**  
 22 Q And is --  
 23 A **-- I have a lot of calcium in my -- in that vessel.**  
 24 Q And is that related, in some way, to your lymphoma?  
 25 A **Not that I know of, but the National Toxicology**

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1 **Program study, which has found clear evidence of**  
 2 **cancer from low-level RF, was finding the biggest --**  
 3 **biggest type was schwannomas, which are in the heart,**  
 4 **so that's sort of the only heart connection, but it is**  
 5 **a -- it is a vivid one, I'm not saying I'm connected**  
 6 **in that way, but --**  
 7 Q So, yeah, I'm just trying to understand why you said  
 8 that Lowenstein and Hobson were treating you -- were  
 9 providing treatment related to your lymphoma.  
 10 Is it just -- is it speculation that your heart  
 11 problem is somehow related to RF -- excuse me, related  
 12 to lymphoma?  
 13 A **No, I don't know that -- I don't know that it is or it**  
 14 **isn't. I'm not sure necessarily why they're here**  
 15 **other than that they were, you know, sort of actively**  
 16 **treating me in this -- in this time period and that**  
 17 **the -- the -- the cardiac side of this certainly**  
 18 **probably could stand as a -- as a disability on its**  
 19 **own, actually, so -- but that came in later, you know,**  
 20 **after we had started the proceeding.**  
 21 Q And no one's ever told you -- well, you don't have a  
 22 schwannoma, do you?  
 23 A **Not as far as I know. I will say that certainly other**  
 24 **-- you know, there's a reference to other cancer types**  
 25 **in Benton's letter, other cancers developed. I have**

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1 **honestly not been screened for other cancers, I'm not**  
 2 **even sure ever, maybe in the beginning, but I have --**  
 3 **you know, I sometimes wonder about that.**  
 4 Q What -- what treatment has Dr. Deck provided to you  
 5 related to your lymphoma?  
 6 A **None other than he ordered the original blood work and**  
 7 **referred me to Dr. Benton, but he's my primary care**  
 8 **doc.**  
 9 Q How long have you treated with Dr. Deck?  
 10 A **Since after my helicopter accident, when I got out of**  
 11 **the hospital and rehab and they sent me home with a**  
 12 **couple of days of medication and told me to contact my**  
 13 **primary care guy, and I called up, and this might have**  
 14 **been in August, and he said I can't see you until**  
 15 **October. I said, okay, enough of that, you know, so I**  
 16 **hunted around and -- and -- and a number of people**  
 17 **recommended Dr. Deck.**  
 18 Q And you mentioned Dr. Eule as someone who provided you  
 19 with treatment related to your lymphoma.  
 20 Am I correct in understanding, though, that his  
 21 involvement is just limited to doing exams, not  
 22 actually treating you?  
 23 A **Yeah, he's aware of the -- the lymphoma issue. He**  
 24 **deals with it in that when you have a relatively major**  
 25 **problem like -- like either one of these, the coronary**

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1 artery disease, the cancer, a number of things,  
2 getting a medical is not so straightforward from the  
3 FAA. You have to go to further effort, provide  
4 further documentation, and have it reviewed in  
5 Oklahoma City, typically, where the FAA is  
6 headquartered, and then what they do is they grant you  
7 a special issuance medical, which has tighter  
8 restrictions in it, and, basically, as far as I know  
9 through my experience, reporting restrictions.

10 So I -- you know, every year when I go to see  
11 Dr. Eule, I need to bring him current labs from  
12 Dr. Benton, a letter from Dr. Benton, you know, now  
13 with the heart thing, the FAA wants me, at least for  
14 the time being, to get a stress test every year,  
15 alternating a regular one with a nuclear stress test,  
16 and have all those results, you know, letter from  
17 cardiologist, etc., etc. So those will accompany my  
18 -- my basic renewal application.

19 Q Who is, I can't remember his name, who's the -- who's  
20 the doctor in Boston that you consult with as a  
21 Waldenstrom specialist?

22 A Jorge Castillo, the Dana-Farber Institute.

23 Q Yeah. So Exhibit 18, I've only marked this as an  
24 exhibit because it was -- it mentions that you had  
25 e-mailed your oncologist in Boston about something,

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1 right? I presume that's Dr. Castillo, or do you have  
2 another oncologist in Boston?

3 A No, that would be Dr. Castillo --

4 Q Okay.

5 A -- who I only saw -- I only saw twice, I think.

6 Q Okay. Do you have copies of any e-mails you've ever  
7 sent to Dr. Castillo?

8 A I might have.

9 Q Have you ever raised with Dr. Castillo the question of  
10 whether exposure to RF poses a risk to persons, such  
11 as yourself, with Waldenstrom's?

12 A Nope. I have sent him -- I have sent him some, you  
13 know, material on the subject, which I -- I tend to  
14 educate all my doctors. I know they're too busy to  
15 often do their own research on stuff.

16 Q Has he ever communicated with you about that subject?

17 A I don't think so, actually. I mean, he's -- he  
18 probably acknowledged the note, but hasn't weighed in  
19 on it at all.

20 Q Are you able to provide us with copies of any e-mails  
21 that you sent to or received from Dr. Castillo?

22 A I don't think they would be relevant, but I probably  
23 can dig up some.

24 Q Why don't you think they would be relevant?

25 A Because the issue is not whether I have a disability

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1 here; it's really how -- whether a disability, that's  
2 cancer, may be -- may be exacerbated by a possible or  
3 actual carcinogen, and it doesn't -- whether or not my  
4 oncologist follows that particular connection between  
5 like smart meters and cancer doesn't really matter.  
6 The basics are there. Exposure to carcinogens is not  
7 a good thing in the best of times, it's going to be  
8 worse for someone with cancer; it's pretty simple.

9 Q And is that -- well, never mind.

10 Exhibit 16 is a letter, to whom it may concern  
11 letter, from -- or signed by Dr. Benton --

12 A Hm-hmm.

13 Q -- presumably to the FAA or for the FAA.

14 A Yeah.

15 Q The -- the second-to-last line in the first paragraph  
16 says, after talking about medications you're taking,  
17 says you've experienced no side effects and feel  
18 stronger and more alert than at any time I have known  
19 him, which would be since 2013; do you believe that's  
20 an accurate statement?

21 A Oh, I see where you're at, sorry. I don't think it's  
22 accurate to say I have no side effects, but -- but I  
23 certainly have felt better than I did, you know, the  
24 Imbruvica then and the zan -- zanubrutinib now have  
25 made a, excuse me, have made a huge difference

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1 compared to where I was.

2 So, you know, now bear in mind, of course, that  
3 Benton says anytime I've known him. Well, he only  
4 knew me, he started to know me when my hemoglobin was  
5 down to six, you know, which is really low, so he  
6 never knew me when I was in good shape, keep that in  
7 mind.

8 Q Well, I -- I understand that, but at least what it  
9 sounds like is -- I assume that when Dr. Benton is  
10 talking about how you feel in terms of strength and  
11 alertness, he would be conveying what you've told him.  
12 So let me ask you the question differently.

13 Do you -- do you believe that as of 2021, you  
14 were feeling stronger and more alert than you had at  
15 any time since 2013?

16 A Ah, yeah, I think that's probably reasonable to say,  
17 yeah; the -- the Imbruvica has made a big difference  
18 for me.

19 Q And certainly Dr. Benton's letter to the FAA doesn't  
20 mention anything about cognitive or memory issues,  
21 correct?

22 A It doesn't.

23 Q Is that -- if you were experiencing cognitive or  
24 memory problems, are those the kinds of things that  
25 you would feel ethically obligated to disclose to the

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1 FAA?

2 **A If they were of the sort that would affect my ability**

3 **to safely fly the aircraft, yes.**

4 **Q** How would you personally judge whether that's the case

5 or not?

6 **A Well, if I was confused in the cockpit, forgetting**

7 **things that I should remember when I'm up there,**

8 **unable to handle the controls of the plane safely,**

9 **things like that.**

10 **Q** Well, I mean, even if you were -- if you were confused

11 around your home or at your business, that would be

12 the kind of thing that you would report to the FAA,

13 wouldn't you?

14 **A If it was of a severity enough to -- to -- to**

15 **compromise my ability to fly, yes.**

16 **Q** But wouldn't you want to leave that in the hands of

17 the FAA to make that decision, whether it affected

18 your ability to fly?

19 **A Given the FAA, no.**

20 **Q** What do you mean by that?

21 **A They're an incredibly bureaucratic organization. It**

22 **took six months to get back to me on the heart stuff,**

23 **you know.**

24 **Q** So if you were experiencing confusion around your home

25 or in your business, you'd feel comfortable not

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1 last details. I've got to grab a bite anyway, and --

2 and we can hopefully plow through in an hour or so

3 after that. Does that work for everybody?

4 MR. LANSER: Works for me.

5 THE DEPONENT: Okay with me.

6 MR. TAINTOR: So let's come back, let's say 1:30.

7 Julie, does that leave you enough time?

8 THE COURT REPORTER: That's perfect. Thank you.

9 MR. TAINTOR: Okay. So we'll come back at 1:30.

10 Thanks, all.

11 MR. LANSER: All right. Thank you.

12 (A break was taken from 12:55 p.m. to 1:36 p.m.)

13 BY MR. TAINTOR:

14 **Q** I've got a bunch of things I want to circle back on.

15 But, first of all, I'm just going to ask you about

16 your flight log, just so I understand what's what;

17 that's Exhibit 13. And it looks like the -- can you

18 just take me through some of these entries so I can

19 just basically understand what you're saying.

20 Let me just look at the first two pages of

21 Exhibit 13, and this, I think, is from 2014, if I

22 remember correctly -- oh, I see, 2014. So it looks

23 like -- did you only fly a couple of times in 2014, or

24 once, maybe?

25 **A It looks like once, yeah.**

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1 disclosing that information to the FAA and just taking

2 your chances in the air?

3 **A No, not -- not if it was to the level that it was --**

4 **it was compromising my ability to be safe at whatever**

5 **I was doing. If I forget someone's last name or have**

6 **trouble remembering who was that attorney that grilled**

7 **me at deposition, Chris ah, yeah --**

8 **Q** No -- no one ever remembers the lawyers' names, don't

9 -- don't -- you can't use that as an example.

10 **A Okay. Well, even when I couldn't remember my**

11 **neighbor's name, but, actually, he's a lawyer, too, so**

12 **that probably explains it, right?**

13 **Q** Right.

14 **A Phil -- Phil Hodgkins, there it is, so --**

15 **Q** Okay. And you're saying that kind of confusion or --

16 or memory problem would not cause you to be concerned

17 about your --

18 **A No.**

19 **Q** -- safety in the air?

20 **A No.**

21 MR. TAINTOR: I think -- let's see. What time is

22 it getting to be? It's almost 1:00. We've been at it

23 about three hours. I'm not going to be much longer,

24 but I think this would be a good time to take maybe

25 half an hour, and I can figure out and wrap up the

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1 **Q** Okay.

2 **A So I didn't -- didn't have a helicopter then and --**

3 **Q** Oh, I see.

4 **A -- you see the entry just above that, crash in**

5 **Burnham, Maine.**

6 **Q** Hm.

7 **A So, yeah.**

8 **Q** Oh, that's when you were injured?

9 **A Correct.**

10 **Q** Okay, okay. So when did you acquire your own

11 helicopter?

12 **A Well, the one I crashed was my own.**

13 **Q** Oh. That's got to be an expensive collision, I

14 imagine.

15 **A That's -- the ground is harder than the helicopter.**

16 **Q** Yeah.

17 **A So, yeah, I'd have to dig back to see when that one**

18 **was, but the -- but the one I'm flying now, and I'm --**

19 **I'm just looking through my -- I have that actual**

20 **logbook here, and it is easier to read than --**

21 **Q** Okay.

22 **A -- the photocopied job here. It looks like -- it**

23 **looks like September of 2017, give or take.**

24 **Q** Okay. So what's the -- what's the aircraft

25 identification, is that the --

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1 **A** Yeah, yeah, that'd be the N-Number, 232 Romeo Romeo,  
 2 **RR.**  
 3 **Q** Yeah, okay. That's your current --  
 4 **A** Correct.  
 5 **Q** -- vehicle?  
 6 **A** Yeah.  
 7 **Q** Craft, whatever you call it, okay.  
 8 **A** My ride. But the other ones in-between are different  
 9 helicopters that either are rented, you know, flew  
 10 with an instructor for different purposes, some of  
 11 which were to go look at other helicopters, some of  
 12 which were to try out some different helicopters that  
 13 I flew there in deciding what my next move would be,  
 14 if any.  
 15 **Q** Okay. So do you keep your helicopter at the Lewiston  
 16 airport?  
 17 **A** Correct.  
 18 **Q** And then it looks like you fly back and forth to  
 19 Belfast. What's -- what's LCL?  
 20 **A** Local. That was a --  
 21 **Q** Oh.  
 22 **A** -- that was a flight to just try out a Bell 47  
 23 helicopter that the gentleman up there had. I don't  
 24 know if he was selling it at the time. He had -- he  
 25 had two, and he has since sold them. He's no longer

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1 in the flying business, but was for quite a few years,  
 2 so --  
 3 **Q** And it looks like there must be an airport in Oxford  
 4 that you're back and forth to a fair amount?  
 5 **A** That's where my mechanic is.  
 6 **Q** Okay. So although your -- your business is located  
 7 out of your home, when you meet people to take them on  
 8 helicopter outings, you meet them in Lewiston?  
 9 **A** Correct.  
 10 **Q** And when it says KLEW, is that just --  
 11 **A** That's the identifier for Lewiston-Auburn.  
 12 **Q** Okay. And so when you're on a helicopter flight, are  
 13 you in -- how constantly or how intermittently are you  
 14 in radio communication with air traffic control?  
 15 **A** Virtually never. Maine is largely uncontrolled  
 16 airspace, so you can pretty much do as you please.  
 17 **Q** Hm.  
 18 **A** There's only two -- two tow -- I think two towered  
 19 airports in Maine, Portland and Bangor.  
 20 **Q** Hm.  
 21 **A** So those have traffic areas around them where you are  
 22 required to get in touch with approach control and  
 23 then the tower, if you're on the ground, ground  
 24 controls, there's a hierarchy of control.  
 25 **Q** So you're just keeping your eyes peeled for other

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1 aircraft?  
 2 **A** Yeah, one of the things I mentioned earlier when we  
 3 were talking about antennas is I said there was a  
 4 transponder.  
 5 **Q** Hm-hmm.  
 6 **A** Transponder's a radio unit in the aircraft that you  
 7 can dial in any number of codes into, I think it's  
 8 four -- it's four digits, so any combination, and you  
 9 may have heard the expression squawk code.  
 10 **Q** Hm-hmm.  
 11 **A** So -- so 1200 is a VFR, visual flight rule, squawk  
 12 code, so that's typically what that is on when I'm  
 13 flying around, and if someone had a radar, you know,  
 14 they could -- they would pick up a little blip of  
 15 that.  
 16 If you're flying into a more urban area,  
 17 Portland, for example, you talk to approach control  
 18 first, and they would say squawk, you know, 1099, for  
 19 example, whatever, and you would do that, and that --  
 20 that gives them a little bit more of a definitive blip  
 21 on their radar, kind of helps them keep track of you.  
 22 When you leave, you know, you kind of get to the end  
 23 of their area and they say frequency change approved,  
 24 squawk VFR, so you go back to 1200.  
 25 **Q** And are you ever in touch with, and I apologize if

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1 this sounds really ignorant, but are you ever in touch  
 2 with other aircraft as you're flying around?  
 3 **A** Um, no, not on any regular basis. Once in a while on  
 4 -- on the -- you know, there's a couple of sort of  
 5 more general aviation frequencies in a rural area you  
 6 might recognize someone's voice, and once in a while,  
 7 someone will say, hey, you know, hey, Chris whatever  
 8 your last name, how you doing, you know, but that's --  
 9 that's pretty rare, you know.  
 10 **Q** Okay. All right.  
 11 **A** And you typically do report into the blind is what  
 12 it's called. If I'm flying into Oxford, for example,  
 13 I don't just fly into Oxford. I would say November  
 14 232 Romeo Romeo, three mile final for Oxford or three  
 15 mile downwind, or whatever my position might -- might  
 16 be, give an altitude, maybe, so that someone else who  
 17 might be around and on that general frequency that is  
 18 set for that airport would get a sense of traffic.  
 19 **Q** But are you also -- so you're also hearing those same  
 20 kinds of -- same kinds of messages from other people  
 21 flying?  
 22 **A** Correct. Typically, people report their position when  
 23 they're approaching an airport, when they're landing,  
 24 what part of the landing pattern they're in so you  
 25 hear that, and it's a lot more defined for airplanes.

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1 **Helicopters pretty much can do what they want, so as**  
 2 **long as they don't interfere with an airplane.**  
 3 Q They get the right of way, do they?  
 4 A **No, they don't get the right of way.**  
 5 Q No, all right. So I want to understand the  
 6 circumstances first around -- I kind of realized I  
 7 didn't follow up on Exhibit 7, which we were -- I was  
 8 starting to ask you about; that's the updated letter  
 9 from Dr. Benton, to whom it may concern, that you said  
 10 you got at about the time the lawsuit was starting.  
 11 A **Hm-hmm.**  
 12 Q And you started talking about your conversations with  
 13 Attorney Most, and we cut you off.  
 14 A **Yeah.**  
 15 Q Did you have a conversation with Dr. Benton at that  
 16 time about whether the content of that letter should  
 17 be updated or modified in any way as compared to the  
 18 letter he had signed back in November of 2016?  
 19 A **I don't think so. I mean -- I mean, there may have**  
 20 **been, but I -- I don't remember. It would have just**  
 21 **been an updated can you give me something with a more**  
 22 **recent calendar date on it. I don't think there was**  
 23 **anything of substance reviewed.**  
 24 Q Did you have a conversation at any time with  
 25 Dr. Benton about whether he would be willing to serve

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1 BY MR. TAINTOR:  
 2 Q Did you explain to Dr. Benton that you believed there  
 3 was a risk of some kind that you, because of your  
 4 cancer, would encounter from exposure to RF and that  
 5 that was what you -- and that that was what you wanted  
 6 him to testify about?  
 7 A **He knows -- he knows that I feel that way. He agrees**  
 8 **that there may be a risk, but he didn't want to go any**  
 9 **further than that.**  
 10 Q He was not willing to testify that there was more  
 11 likely than not a risk to you from exposure to RF?  
 12 A **No, he didn't even want to testify about -- just about**  
 13 **Waldenstrom's in general.**  
 14 Q But he also told you, correct me if I'm wrong, that he  
 15 would not feel comfortable offering the opinion that  
 16 exposure to RF would create a risk of harm to you; is  
 17 that true?  
 18 A **He would not feel comfortable -- he was not expert in**  
 19 **RF or EMF and so would not be comfortable with**  
 20 **anything beyond -- anything that might imply he was.**  
 21 Q Going back to the FAA letter, which is Exhibit 16, was  
 22 that also a letter that you drafted or drafted a  
 23 version of?  
 24 A **No, not that I recall anyway.**  
 25 Q Okay.

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1 as an expert witness in this case?  
 2 A **I did.**  
 3 Q I'm sorry, you say you did?  
 4 A **I did.**  
 5 Q And can you tell me about that conversation, please?  
 6 A **He was very hostile to any interactions with attorneys**  
 7 **and basically said no.**  
 8 Q Did you tell him what the issues were that you were  
 9 hoping he would testify about?  
 10 A **I wanted him to just testify basically as an expert on**  
 11 **-- expert oncologist. I mean, he said -- he had said**  
 12 **to me he's not an expert in RF, and I said you don't**  
 13 **need to be to see the basics here, but I, you know,**  
 14 **I'd like you to be able to speak to Waldenstrom's. I**  
 15 **don't do attorneys basically is what he --**  
 16 (Interruption by the court reporter, and the  
 17 deponent was asked to repeat his answer.)  
 18 A **He -- he doesn't -- he -- he hates attorneys with a**  
 19 **vengeance; I think it's probably a course at medical**  
 20 **school.**  
 21 MR. TAINTOR: I think what he said, Julie, was  
 22 that Mr. Friedman just wanted him to speak to  
 23 Waldenstrom's.  
 24 THE DEPONENT: Waldenstrom's. I'm sorry, I  
 25 apologize.

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1 A **I -- I did -- actually, I did draft part of -- I think**  
 2 **I drafted part of one line, which would be second to**  
 3 **the end. I probably used the phrase he respectfully**  
 4 **requests the FAA considers and approves his continued**  
 5 **exercise of his commercial pilot privileges.**  
 6 Q Okay.  
 7 A **That's FAA speak.**  
 8 Q Okay. And have you always continuously had those  
 9 privileges since you first got them? Have they ever  
 10 been revoked or suspended because of your health?  
 11 A **Well, they -- yeah, they were suspended recently**  
 12 **because of the -- the heart issue, so --**  
 13 Q Oh.  
 14 A **-- when I went to renew in -- last June, I had to tell**  
 15 **them about the heart stuff. And so, yeah, they**  
 16 **wouldn't renew until I did some tests, and they**  
 17 **reviewed it and blah, blah, blah, blah, blah, you**  
 18 **know.**  
 19 Q And that's the one you said where it took them six  
 20 months to respond?  
 21 A **Correct, correct, yeah.**  
 22 Q But just to be clear, and I think you mentioned  
 23 before, that I think I know the answer to this, but I  
 24 want to be super clear, you're not contending that  
 25 your heart condition -- well, let me -- let me ask it

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1 a different way.  
 2 You're not contending that you're aware of  
 3 evidence to support the notion that your heart  
 4 condition is related to exposure to RF, are you?  
 5 **A No, but I did mention there is a connection with heart**  
 6 **stuff and with RF through the schwannoma-type cancers.**  
 7 **I don't think -- as far as I know, I don't have those.**  
 8 **I'm not claiming that I do, I never have. So, yeah --**  
 9 **Q Okay.**  
 10 **A -- but that's the -- that's the nexus there.**  
 11 **Q Right. I know there's -- I think what you're saying**  
 12 **is there's some evidence out there that that can be an**  
 13 **issue for some people, you're just not claiming it is**  
 14 **for you.**  
 15 **A Correct.**  
 16 **Q Okay.**  
 17 **A But it does make me concerned, as well, that that's,**  
 18 **you know, you know, maybe yet another reason why I**  
 19 **should minimize my risks where I, you know, where I**  
 20 **can or where I need to or -- or whatever, just**  
 21 **something else out there.**  
 22 **Q But that's no different than any other person, right?**  
 23 **I mean, you're not aware of evidence that because you**  
 24 **have Waldenstrom's, you're at heightened risk for a**  
 25 **schwannoma?**

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1 **A No, I'm not.**  
 2 **Q You mentioned that you were an EMT for some period of**  
 3 **time. Did you actually work on an ambulance crew?**  
 4 **A I -- I worked just on an ambulance a little bit, maybe**  
 5 **early on. Most of this was work doing full-time ski**  
 6 **patrol work, avalanche control, wilderness education.**  
 7 **I was an outdoor educator for about that long, too,**  
 8 **take people out in the mountains for a month at a**  
 9 **time, teach them about everything from mountaineering**  
 10 **to botany to wilderness first aid.**  
 11 **And then in Bowdoinham here, I've been a Maine**  
 12 **Guide for years, only recently lapsed, and a**  
 13 **Bowdoinham first responder. So I was on the water at**  
 14 **times five -- five days a week with kayak customers,**  
 15 **and then at times, sometimes the only first responder**  
 16 **in Bowdoinham, at times maybe there were three of us.**  
 17 **Our job would be to, you know, respond the first thing**  
 18 **and get people stabilized hopefully or revived**  
 19 **possibly, whatever it is, before an ambulance could**  
 20 **get there.**  
 21 **Q Okay. And so when were you on an ambulance crew, how**  
 22 **long ago was that?**  
 23 **A Oh, it was, I mean, years. I mean, I've been on an**  
 24 **ambulance since I've been here; I was never formally**  
 25 **on an ambulance crew; I think it was part of like**

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1 **early EMT training.**  
 2 **Q Hm.**  
 3 **A I was never for -- I was never formally on an**  
 4 **ambulance crew.**  
 5 **Q Okay.**  
 6 **A Sometimes I would ride to the -- in Maine here,**  
 7 **sometimes I might ride, on occasion, to the hospital**  
 8 **with a patient depending on the situation.**  
 9 **Q Did you ever allow your clientele, your customers to**  
 10 **bring cellphones into the cockpit of your helicopter?**  
 11 **A Um, yes.**  
 12 **Q Do they use their cellphones for anything besides**  
 13 **taking pictures while they're -- while they're in your**  
 14 **cockpit?**  
 15 **A Not -- no, they don't. I don't have a -- a Bluetooth**  
 16 **connection that would enable them to kind of talk into**  
 17 **their phone and have it work its -- work its way into**  
 18 **the radio system so that they can actually hear and**  
 19 **communicate through the headset, so it would be pretty**  
 20 **darn noisy, you know.**  
 21 **Q Right.**  
 22 **A It's probably happened once or twice someone's tried**  
 23 **to stick a phone under their headset, you know, but**  
 24 **it's not very cellphone friendly.**  
 25 **Q Yeah. I wanted to go back and pin down the location**

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1 of the inverter that you have because I'm not sure I  
 2 understood you correctly.  
 3 Did you -- did you tell me that it's actually on  
 4 the second floor on the inside of the barn, or is --  
 5 is it -- I guess you said the breezeway's only one --  
 6 one level, right?  
 7 **A Yes, so it's -- it's on -- it's on the wall that --**  
 8 **it's on the extension of the wall that backs onto the**  
 9 **breezeway, but it's up in the air, basically. It's --**  
 10 **Q Right.**  
 11 **A -- the second floor. And I have --**  
 12 **Q Is it --**  
 13 **A -- I actually did take the -- to take the trouble, not**  
 14 **much trouble, but to -- in putting these newer**  
 15 **inverters on, there's -- there's plywood across the**  
 16 **joists, there's foil-faced insulation underneath the**  
 17 **joists, or underneath the plywood, and there's a layer**  
 18 **of metal screening stapled to the plywood, and metal**  
 19 **will typically block a good bit of RF, a Faraday cage.**  
 20 **Q So the, and, again, I'm just having a hard time**  
 21 **envisioning this, the inverter is on the outside of**  
 22 **the wall or the interior of the barn?**  
 23 **A Interior.**  
 24 **Q Have you spoken with Erik Anderson at all about any**  
 25 **concerns of having what he refers to as dirty**

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1 electricity in your home as a result of having the  
 2 inverter?  
 3 **A I've talked to him about power quality issues, and**  
 4 **that's sort of the engineering term; dirty electricity**  
 5 **and dirty power are colloquial terms for a variety of,**  
 6 **you know, of these things that can happen when you**  
 7 **interfere with that sort of nice, smooth AC sine wave.**

8 So, yeah, I mean, I've talked to Erik in that  
 9 we've talked about power quality issues, dirty  
 10 electricity issues a little bit. He's familiar with  
 11 them because he's worked with these switch mode power  
 12 supplies that are in -- in the smart meters and so  
 13 forth, so I don't know that we talked specifically  
 14 about the inverters, I don't think so especially.

15 But I -- I will say that if you recall, he was  
 16 doing some of his testing over at Paul Harding's.

17 **Q** Yeah.

18 **A Paul was out here on an east coast run and stayed here**  
 19 **for a few days, and he really liked what he found with**  
 20 **my inverters, and I know that he now has the same**  
 21 **inverters where he's living off-grid, and he is**  
 22 **electrically sensitive.**

23 **Q** So how did you come to know Mr. Harding, or did you  
 24 know him only through the litigation, or did you know  
 25 him before that?

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1 would minimize any disturbance, and then you can also  
 2 put exterior filters on to minimize things.  
 3 So -- and there's people -- there's a whole --  
 4 there's a huge field of power-quality engineering,  
 5 people go around and make a lot of money going into,  
 6 particularly, a business that might have a lot of  
 7 motors or a lot of machinery to really tweak things  
 8 up, and -- and, again, that's starting from a baseline  
 9 of 5 percent or less variation coming off the lines.  
 10 As soon as you start to put things on it, you pollute  
 11 that nice wave, and so there are ways to remediate  
 12 that often, and that's what these guys do.

13 So you can lose a lot of money because you're not  
 14 sort of getting all the electricity, all the use of  
 15 the electricity that you're paying for, and you could  
 16 also damage machinery in effect.

17 **Q** So have you attempted to measure or analyze in any way  
 18 your power quality as it is affected by the inverters  
 19 that you use?

20 **A** Yes.

21 **Q** And what has that investigation or measurement  
 22 revealed?

23 **A That my quality was very good to start with, and it's**  
 24 **even better now, to the extent that we could measure**  
 25 **it, and measuring it using oscilloscope, frequency --**

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1 **A No, I knew him before that.**  
 2 **Q** So how long have you known him?  
 3 **A A few years anyway. I don't -- I only met him once,**  
 4 **but I've known him for a few years. He's part of a**  
 5 **very large group of people on sort of an EMF or smart**  
 6 **meter Listserv that's out there.**  
 7 **Q** Okay. So just to be clear, so is the -- do you  
 8 understand that there's a concern about power quality  
 9 deterioration or -- I don't know if that's the best  
 10 word, from the use of solar panel inverters?  
 11 **A Power quality changes?**  
 12 **Q** Yeah, yeah.  
 13 **A Yeah, well, any -- anytime you stick an inverter on,**  
 14 **you can affect power quality. You know, the black box**  
 15 **on my, you know, computer here is essentially a**  
 16 **similar thing, but it's a higher quality unit than**  
 17 **what's in the smart meters and it's -- there's**  
 18 **filtration.**

19 You know, musicians, I know, are very into this  
 20 because of recording quality. So people are using --  
 21 in order to minimize effects of power quality,  
 22 people -- first of all, you ensure that your wiring is  
 23 -- is done right, then you can ensure that you're  
 24 using high-quality equipment that has necessary  
 25 filtration or impedance things built into it that

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1 **frequency analyzer, spectrum analyzer, and using what**  
 2 **-- I don't know if Erik mentioned, a Stetzer meter.**  
 3 **There are a number of plug-in filters that are out**  
 4 **there, and Stetzer makes one of them.**

5 There's a correlation between Stetzer Units and  
 6 millivolts, and the recommendation is to get your --  
 7 and so you plug these things in and the meter gives  
 8 you a number in Stetzer Units, and -- and the  
 9 recommendation is to get these levels like below the  
 10 mid-30s, and mine are typically in the single numbers,  
 11 low teens, even with these inverters, and that's --  
 12 that's with the application of some filters. So  
 13 higher to start with, you work around the home or  
 14 building and apply filters and, you know, continue  
 15 testing -- test, remediate, test.

16 **Q** So -- and, again, forgive me if this question doesn't  
 17 make sense to you, but how does that power quality  
 18 compare to the power quality you would have had in  
 19 your home without the inverters?

20 **A I can't say because I never measured it before I was**  
 21 **off the grid. I can say, and I think I just did, that**  
 22 **I had -- I had somewhat higher levels before we put**  
 23 **the filters in, but not -- not high compared to what**  
 24 **I've heard of people having, that's for sure. And I**  
 25 **just don't have that many things plugged in here that**

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1 would really make any significant disturbance to my  
2 power quality.

3 There was some discussion, I think with either  
4 Dr. Carpenter or -- or Erik Anderson about linear  
5 loads and nonlinear loads, and there's a big  
6 difference in how those affect power quality, and a  
7 linear load might be your typical older refrigerator  
8 or anything that's just kind of going pretty steady.

9 Q Hm-hmm.

10 A It's a lot of these newer digital things with the  
11 pulsed EMFs that are, boom, boom, up and down, up and  
12 down, up and down, nonlinear loads, and those are a  
13 lot harder on the system and create a lot more  
14 disturbance on the -- on the -- on the AC line.

15 And I don't know if it's an analogy or metaphor I  
16 like to use a lot is think of that sort of nice smooth  
17 sine wave, and then you start to dirty it up, and it's  
18 basically like putting static on the line, and it can  
19 be right on the line or it could be making its own new  
20 wave pattern even.

21 Q You mentioned being off the grid. Is it your plan to  
22 stay off the grid regardless of what happens with this  
23 litigation?

24 A I don't know. It would cost --

25 Q I'm sorry, I'm having a hard time, we're getting some

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1 static.

2 A I don't know. It would cost me less to be back on the  
3 grid using Central Maine Power as my battery.

4 Q Hm.

5 A You know, I pay for -- I have a standby generator, so  
6 I buy propane for that.

7 Q So you just don't --

8 A And that's --

9 Q -- you just don't know what your plan would be?

10 A I don't.

11 MR. TAINTOR: Is anyone else having static  
12 issues?

13 MR. LANSER: Yeah.

14 MR. TAINTOR: We'll just -- we'll stop --

15 THE DEPONENT: I'm -- I'm hearing you all. I  
16 haven't heard Julie in a long time, but I'm hearing  
17 you all fine. I know my audio is generally very good.

18 MR. TAINTOR: Yeah, I don't know that it's you  
19 necessarily. I'm just --

20 THE DEPONENT: It was -- it was my mention of  
21 static on the line that did it, I guess.

22 MR. TAINTOR: I think so, yeah, the power of  
23 suggestion.

24 THE DEPONENT: Got to clean up your power there,  
25 sir.

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1 MR. TAINTOR: I've got to clean up a lot more  
2 than my power.

3 BY MR. TAINTOR:

4 Q I also wanted you to explain to me something I didn't  
5 understand when you were talking about welding. I  
6 think you talked about being a long way away from the,  
7 I think, the power generation source when you're  
8 actually doing the welding; is that true?

9 A Yeah, I said one can be, and when I did -- and when I  
10 did the testing, I was up close to it, which would  
11 give me sort of probably higher levels of -- of  
12 whatever because I'm up close to that machine. So  
13 sometimes -- you know, a small job I might do on the  
14 tailgate of my truck.

15 Q Hm-hmm.

16 A Right? Which is where I did this testing.

17 Q Hm-hmm.

18 A But a lot of jobs, I would run out 25, 50, 75 feet of  
19 cable and be out there.

20 Q Gotcha, okay. And, again, this is just confusion on  
21 my part, but I'm trying to understand how the whole  
22 issue with the NCI study came about.

23 And I think what you told me was that your mother  
24 had told you that there was a study that suggested a  
25 possible familial link to Waldenstrom's, but she was

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1 never actually diagnosed with Waldenstrom's; is that  
2 right?

3 A Yeah, I think it was suspected. I know after she  
4 died, I did see some of her paperwork, which I think  
5 my sister has, and at some point in there, I think my  
6 sister called my attention to a possible diagnosis of  
7 Waldenstrom's. There was another possible diagnosis  
8 of multiple myeloma. As I mentioned, the only  
9 surefire way to tell is that bone marrow biopsy, which  
10 she never had.

11 So I suspect, only a suspicion, that, you know,  
12 she talked about the possibility of Waldenstrom's with  
13 her oncologist, Dr. Keating, and he mentioned the  
14 study to her, and she then conveyed that to me and  
15 suggested I might want to go and give a little blood.

16 Q Did your sister get tested, too?

17 A No, she doesn't live in the area, so she -- as far as  
18 -- yeah, not that that would be a disqualifier, but to  
19 my knowledge, she didn't do it. She does have some  
20 other cancer issues, I know that.

21 Q Have the -- on any websites or resources that you've  
22 been provided pertaining to Waldenstrom's, are there  
23 particular recommend -- lifestyle recommendations, or  
24 anything like that, for how you can minimize the  
25 progression of your disease that you're aware of?

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1 **A** Yeah, I'm not really aware. I think that with  
2 **Waldenstrom's, as with virtually any disease, there's**  
3 **more and more talk about minimizing stress, I think**  
4 **I've seen that.**  
5 **Q** Okay. What's your television source? Do you have  
6 regular cable TV, satellite TV, or something else?  
7 **A** I have the same regular -- I have basic Comcast cable,  
8 so the cable line comes in, it has a splitter, one  
9 goes up to the TV, one goes to my computer modem.  
10 **Q** So you've talked a few times about the issue of  
11 choice, and I understand you to say that choice is  
12 important to you in terms of the risks you expose  
13 yourself to; is that fair to say?  
14 **A** That's fair to say.  
15 **Q** So when you -- when you weld, you choose to encounter  
16 RF at relatively high levels, true?  
17 **A** No, relatively low levels.  
18 **Q** Well, relatively high compared to other activities in  
19 -- that you could be doing.  
20 **A** Well, compared to being out kayaking on the bay, yes.  
21 **Q** Well, compared to walking around your property, true?  
22 **A** Compared to walking around my property, it's -- it's  
23 variable where I'm walking. I'm in a very rural area.  
24 I can actually pick up CMP's radar depending on where  
25 I am when they put on this tower -- these towers out

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1 **Q** And do you incur any additional expense to try to  
2 modulate or lessen your exposure to RF in the  
3 helicopter?  
4 **A** In a helicopter, no, I don't know how I would do that  
5 in a helicopter.  
6 **Q** I don't know if there is either, I'm just asking. Are  
7 there --  
8 **A** Sitting -- sitting in a fish bowl with a bunch of  
9 radios, you know.  
10 **Q** Yeah, right. Are there any other expenses that --  
11 well, I shouldn't say other because you're not  
12 incurring the -- the smart meter opt-out expense. But  
13 are there any ways in which you spend money to limit  
14 your exposure to RF?  
15 **A** Other than these plug-in, excuse me, plug-in filters  
16 and some diagnostics, you know, from Paul, although  
17 I'm not even sure I paid him for that when he was out  
18 visiting, Paul Harding, you know, nothing -- nothing  
19 major. Choice of inverter was probably the biggest  
20 thing, being aware of the issue and -- and finding an  
21 inverter that was rated with low -- low harmonics.  
22 **Q** Do you think you paid a premium for that?  
23 **A** Yeah, I don't think that's what -- I did pay a premium  
24 for those inverters, I don't think that's why they  
25 cost as much as they do, but maybe it is, I don't

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1 here, and I can pick up on some cell phone towers that  
2 are seven miles away across the bay. I don't pick up  
3 the tower that's two miles away because of topography.  
4 **Q** When you say you pick them up, pick them up with what?  
5 **A** With a -- with an RF meter. Inside -- inside I have  
6 virtually no RF. I mentioned to you screens before,  
7 and there's a huge difference -- I mean, it's not a  
8 ton of RF without the screens where I am, but having  
9 an aluminum screen on the window basically blocks RF.  
10 **Q** Hm.  
11 **A** And I found that out kind of by accident when I had a  
12 leak in the clapboards and had the screens off, and I  
13 knew that I had virtually no readings inside here and  
14 all of a sudden I did.  
15 **Q** Hm. So do you have this -- this RF meter, or whatever  
16 you called it, with you, I don't mean on all the time,  
17 but it's something you own?  
18 **A** I own it, but I don't have it with me all the time,  
19 no. I take it and help other people, you know, in  
20 terms of figuring out if they have, you know, RF there  
21 and what it's coming from and so forth, you know, and  
22 how they might try and remediate things.  
23 **Q** And you also certainly choose to encounter RF when you  
24 fly your helicopter, true?  
25 **A** Correct.

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1 know.  
2 **Q** But that was one of your motivating factors in  
3 incurring that extra expense?  
4 **A** Correct.  
5 **Q** So as I understand it, just to kind of close, finish  
6 up here, I -- I think, no -- no physician who has ever  
7 treated you for your cancer or for any other condition  
8 has ever told you that your Waldenstrom's exposes you  
9 to a greater risk from RF than would be experienced by  
10 a person without Waldenstrom's; is that true?  
11 **A** That's correct.  
12 **Q** And Dr. Carpenter, who has been deposed --  
13 **A** I just -- no -- no treating physician has said that,  
14 yeah.  
15 **Q** Right. And Dr. Carpenter, to your knowledge, has not  
16 been provided with your medical records, correct?  
17 **A** Um, to my -- I'm not sure if he was or not.  
18 **Q** Have you ever spoken with Dr. Heroux?  
19 **A** Dr. Heroux?  
20 **Q** Yeah.  
21 **A** Ah, yes.  
22 **Q** In connection with this litigation or in some other  
23 regard?  
24 **A** Well, I did ask him to be a witness for me, and I  
25 explained the litigation and, you know, sent him a

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1 **copy of the complaint and asked if he'd be willing to**  
2 **do it.**

3 But I -- I -- the only other contact I've had  
4 with him in the past, we did -- we did -- we were  
5 copanelists on a radio or Internet program about EMF  
6 effects on either wildlife or bees, I can't remember.

7 **Q** And what -- what broadcaster or publisher put on that  
8 panel?

9 **A** **It was some person or small group, I think, in Vermont**  
10 **or New York. I don't even recall, it was a few years**  
11 **ago. Someone knew that I was interested in the**  
12 **wildlife aspects of this and knew about some of my**  
13 **history with this and asked me to be a panelist.**

14 **Q** Has Dr. Heroux expressed the opinion to you that your  
15 Waldenstrom's exposes you to a greater risk of harm  
16 from RF than would be experienced by someone without  
17 Waldenstrom's?

18 **A** **Yeah, I think he has said that my -- that -- or at**  
19 **least my cancer, anyway, as someone with cancer, I do**  
20 **present a higher risk than someone without it.**

21 **Q** He said that --

22 **A** **And I -- and I asked Dr. Heroux to get involved**  
23 **because of his expertise in the cellular processes**  
24 **involved with cancer and with RF exposure.**

25 **Q** And was it your impression or understanding that he

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1 was talking about persons with cancer generally or  
2 about -- was he talking about persons with your  
3 particular kind of cancer?  
4 **A** **I'd say it would have to be cancer in general because,**  
5 **again, my cancer is relatively unusual, and there's**  
6 **been no studies done on it that anyone can, you know,**  
7 **cite really, in relation to this certainly.**

8 MR. TAINTOR: Okay. Okay. Why don't I take five  
9 minutes. I may be done, or I may have a couple more  
10 questions. I just want to chat with my client, and  
11 I'll just sign off for one minute, and we'll be right  
12 back.

13 MR. LANSER: Sounds good.

14 THE DEPONENT: Okay.

15 (A break was taken from 2:21 p.m. to 2:27 p.m.)

16 MR. TAINTOR: I said I thought we'd be an hour,  
17 and we are right there.

18 BY MR. TAINTOR:

19 **Q** So, Mr. Friedman, the last thing I want to ask you is,  
20 have you personally provided your medical records to  
21 any of the expert witnesses who have been designated  
22 in this case? And when I say you, I mean you, Ed  
23 Friedman, not through your lawyers.

24 **A** **No.**

25 MR. TAINTOR: Okay, all right. That's all I

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1 have. Thank you very much for your time today.

2 MR. LANSER: I do have --

3 MR. TAINTOR: Oh.

4 MR. LANSER: -- some follow-ups, but I'll be --

5 MR. TAINTOR: Sorry about that.

6 MR. LANSER: No problem. I just want to mostly  
7 just clarify a couple things, so I'll be pretty quick  
8 here.

9 EXAMINATION

10 BY MR. LANSER:

11 **Q** Okay. Mr. Friedman, I believe you testified earlier,  
12 and I'm very much paraphrasing here, something -- you  
13 at least made a reference earlier to different types  
14 of aircraft having different amounts of RF emissions,  
15 I believe you were talking about -- I think you  
16 mentioned fighter pilots have, you know, sort of on  
17 the -- the -- the larger side of RF emission exposure  
18 relative to -- to smaller aircraft; is that accurate?  
19 **A** **Yeah, that would be based, in part, on the**  
20 **configuration of the aircraft, how much metal, how**  
21 **much open space around, how much reflective coatings,**  
22 **but also on the amount of avionics inside, so how many**  
23 **kinds of -- how many kinds of -- how many radios, what**  
24 **kinds, all the other electronics. So somebody wearing**  
25 **a heads-up display could be totally, you know,**

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1 **immersed in a virtual -- semivirtual reality,**  
2 **electronified environment, yeah.**

3 **Q** Sure. And -- and I know a fighter pilot is an extreme  
4 example.

5 Is it fair to say different, you know, small  
6 aircraft or helicopters, like -- like the kind you  
7 use, different models of those have different, you  
8 know, varying RF exposure?

9 **A** **Again, based on how they are equipped, totally, yes.**

10 **Q** Okay. So it -- one of the big factors at least is the  
11 -- the type of equipment that you choose to outfit the  
12 aircraft with?

13 **A** **Correct.**

14 **Q** Okay. Is there -- is there any sort of equipment that  
15 you have specifically not outfitted your helicopters  
16 with because of concern over RF?

17 **A** **I don't think so off the top of my head. I'm a pretty**  
18 **basic guy, so I have pretty basic instruments in the**  
19 **helicopter, so, you know --**

20 **Q** Okay.

21 **A** **-- I don't -- yeah.**

22 **Q** Okay. So maybe that wasn't -- you haven't made that  
23 exact, you know, decision based on that it's just the  
24 type of helicopter and equipment you use is on the  
25 lower end anyway, so it hasn't been much of a concern?

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1 **A** Yeah, how much room you -- I mean, how -- how much  
 2 **room you have on an instrument console to put the**  
 3 **stuff, what kind of flying you do, those are all**  
 4 **factors that would play into that.**

5 **Q** Okay. I did want to go back to, just very briefly,  
 6 Exhibit 16, which is the letter from Dr. Benton on  
 7 April 26th, 2021. You and Mr. Taintor spoke a little  
 8 bit about the line he has experienced no side effects  
 9 and feels stronger and more alert than at any time I  
 10 have ever -- I have known him.

11 I just want to ask one clarifying question about  
 12 that. I believe when you spoke to -- to Mr. Taintor,  
 13 you -- you agreed with that line that in -- since  
 14 October 2013, that would be accurate, that -- not the  
 15 side effects part, but you'd felt stronger and more  
 16 alert than anytime since 2013?

17 **A** It's a reasonable thing to say.

18 **Q** Yeah. Is it also reasonable to say you feel stronger  
 19 and more alert now than prior to being diagnosed with  
 20 cancer?

21 **A** No.

22 **Q** Okay. Thank you for that clarification.

23 **A** To be accurate --

24 **Q** Sure.

25 **A** -- prior -- prior to the time before I was diagnosed

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1 **when I wondered why I was so tired.**

2 **Q** Yes, yes, exactly. So prior to having symptoms that  
 3 you now know are --

4 **A** Cancer-related.

5 **Q** -- because of the cancer, okay, great. Thank you for  
 6 that clarification.

7 And while we're talking about the Dr. Benton  
 8 letters, I'm talking specifically about the -- the  
 9 other letters from Exhibit 6 with the request for  
 10 accommodation. So I'm correct in stating that -- that  
 11 you sent the first draft to him and then he edited it  
 12 after that, correct?

13 **A** Yes.

14 **Q** Okay. And those edits were fairly significant,  
 15 correct?

16 **A** Yes.

17 **Q** And so considering he made significant edits to your  
 18 original draft of the letter, did you consider the  
 19 final draft of the letter to be his medical opinion?

20 **A** I did.

21 **Q** Great.

22 **A** He arrived at something he could be reasonably happy  
 23 with or accept with -- accept anyway.

24 **Q** Great. And is it fair to say that regarding your  
 25 cancer, the goal of the treatment is not to cure the

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1 cancer, it's just to mitigate the effects as much as  
 2 possible?

3 **A** Yeah, there is no cure for Waldenstrom's,  
 4 unfortunately.

5 **Q** Yeah.

6 **A** Most -- most people that have it die of something else  
 7 first, but there's a number of reasonably illustrious  
 8 people that have died of Waldenstrom's, and I don't  
 9 remember them all, but I happen to remember the former  
 10 French President Pompidou actually had -- had  
 11 Waldenstrom's and died of that.

12 **Q** And I believe you also testified that your  
 13 understanding is that one -- one of, I'm sure, many  
 14 factors that could exacerbate your cancer symptoms is  
 15 stress; is that accurate?

16 **A** Well, that's what I said. That's something that --  
 17 that's something that comes up all the time pretty  
 18 much in any, these days, any medical thing you read.  
 19 Stress is a -- stress is a stressor, and so, yes, if  
 20 -- if I have an immune system compromise, which this  
 21 is really, the more stress that I am under, the more  
 22 likely it is to be exacerbated.

23 **Q** Okay.

24 **A** Yeah, and -- and I think that there's a -- I think  
 25 it's the IWFM, International Waldenstrom's

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1 **Macroglobulinemia Foundation, provide a lot of great**  
 2 **educational resources, and I -- when Mr. Taintor asked**  
 3 **me about stress before, it seems like I've seen**  
 4 **something about stress on that -- somewhere on that**  
 5 **site, yeah.**

6 **Q** Okay. Turning to -- this is Exhibit 8, Dr. Benton's  
 7 deposition transcript, I'm looking at Page 14 on  
 8 there. If -- if you want to turn to it, otherwise,  
 9 I'll -- I'll read it either way if you don't have it  
 10 in front of you.

11 **A** Okay, I have it in front of me.

12 **Q** Okay. So looking at Page 14, Mr. Taintor asked  
 13 Dr. Benton, and I take it you had not formed any  
 14 opinion as of November 30th, 2016, on the question of  
 15 whether exposure to electromagnetic frequency  
 16 radiation from smart meters posed any sort of risk to  
 17 human health; is that true? And then there's an  
 18 exchange between Mr. Taintor and Dr. Benton's  
 19 attorney, and then his response to that question was,  
 20 I know in Mr. Friedman's care, he is extremely anxious  
 21 about this issue, and I think that it causes him  
 22 stress. So I was hoping he could live his life with  
 23 cancer without that stress, therefore, I asked for  
 24 reasonable accommodation. Why you all are pushing  
 25 back on that, I have no idea.

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1 Is this response that he has there, is that in  
2 line with your understanding of -- of the effect of  
3 stress on your diagnosis and your conversations with  
4 Dr. Benton to that effect?

5 **A I'm -- I'm just -- I'm reading the --**

6 **Q** Yeah, take --

7 **A -- doctor's response here. Yeah, I think -- I think**  
8 **that's reasonable. I'm forgetting the exact wording**  
9 **of your question there, but -- but I think it's -- I**  
10 **think that's a reasonable answer.**

11 I don't know about how anxious, you know, I'm not  
12 sure anxious is the right word, but, clearly, there's  
13 a lot -- a lot of my energy has gone into this issue.  
14 It sort of goes back to the earlier extortion thing we  
15 talked about, you know, having to -- having to pay for  
16 something that, at very least, may stand a decent  
17 chance of harming you.

18 So, yeah, that is -- that is stressful and  
19 dealing with all of this since back in 2011 has been  
20 stressful, and it's obviously been important to me or  
21 I wouldn't keep doing it. So -- so I think that -- I  
22 think that Dr. Benton probably recognizes that, and so  
23 regardless of his opinion on, you know, the details of  
24 -- of RF and effects on cancer, which I -- I learned  
25 from his transcript he's not read anything I've sent

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1 over the years, so irregardless of that, he is seeing  
2 that I put my energy -- or put a certain amount of  
3 energy into this and have concerns about it.

4 And so, yes, he is making the -- the legitimate  
5 connection between stress and disease.

6 **Q** Great. And he's never -- Dr. Benton has never told  
7 you that he believes RF emissions are a hundred-  
8 percent safe for you either, correct?

9 **A That's correct.**

10 **Q** In his -- his opinion, as far as you understand it, is  
11 that RF emissions may exacerbate your symptoms?

12 **A Yes, I find most people don't really want to get into**  
13 **these questions because they are very wedded to their**  
14 **devices and that would be -- it's sort of like Al**  
15 **Gore, right, An Inconvenient Truth.**

16 **Q** Yeah. And as someone living with cancer, it's fair to  
17 say you are immunocompromised; is that accurate?

18 MR. TAINTOR: Object on foundation. He can  
19 answer.

20 **A Yes.**

21 BY MR. LANSER:

22 **Q** Okay. Is it an accurate statement to say that your  
23 disability and the advice of your doctors are reasons  
24 you've chosen not to have a smart meter installed in  
25 your home, even if they aren't the only reasons?

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1 **A I'm sorry, could you repeat that?**

2 **Q** Yeah. Is it -- is it accurate to say that your  
3 disability and the advice of your doctors are reasons  
4 you have chosen not to have a smart meter installed in  
5 your home, even if they aren't the only reasons?

6 **A Yes.**

7 **Q** Okay. And I believe earlier, your -- you -- there was  
8 some testimony earlier that you would have been  
9 interested in a -- in a smart meter opt-out regardless  
10 of the cancer diagnosis, and I may be paraphrasing  
11 here, but I believe you said something along the lines  
12 of the disability took your option away, or something  
13 like that. Is that --

14 **A Yeah.**

15 **Q** -- so that's accurate?

16 **A Yeah, so -- so, as I said, there's many, many good**  
17 **reasons people have to opt out of a smart meter --**  
18 **health, privacy, cyber security, increased fire risks,**  
19 **because the quality of the -- and often the**  
20 **installation of the -- of the smart meters.**

21 But a person with a disability whose disability  
22 may be exacerbated by the low-level RF doesn't really  
23 have an opt-out choice, and opt-out means there's an  
24 option, and so we don't have that option. We need to  
25 refuse that meter if we want to be safe or ensure our

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1 safety.

2 And, yeah, so the -- the fee is a -- is a -- is a  
3 means of creating a barrier of access to the same safe  
4 electricity that people without the disabilities get  
5 without an extra fee.

6 **Q** Okay. So is it -- is it fair to summarize that is,  
7 you know, your -- it's your belief that smart meters  
8 aren't safe, period, but it's -- it's even more of a  
9 health concern because of your diagnosis?

10 **A Ah, yes, that is fair to say that.**

11 MR. LANSER: Okay. I don't have any further  
12 questions.

13 MR. TAINTOR: Right, I guess I'm going to have to  
14 go back and -- and ask a few things.

15 EXAMINATION

16 BY MR. TAINTOR:

17 **Q** So sort of close to the end there, you said that you  
18 have no option, you absolutely need to refuse the  
19 meter in order to feel safe; is that correct?

20 **A I need to refuse the meter, and you -- you, CMP, are**  
21 **wanting to impose a fee on me to do that.**

22 **Q** But there are many sources of RF that you voluntarily  
23 expose yourself to, including those associated with,  
24 as you put it, sitting in a box with radios all around  
25 you, basically, in a helicopter, true?

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1 **A** Yes, and all of those are a choice.  
 2 **Q** Right.  
 3 **A** As I'm sure you know, home -- home should be a very  
 4 sacred spot, and there's all sorts of protections that  
 5 sort of should go along with that and -- and -- and  
 6 do, and if there's one place I should be safe, it's  
 7 sitting here in my own home, and I make every effort  
 8 to do that when I'm here.  
 9 **Q** You --  
 10 **A** I would be no -- no different than if someone came up  
 11 to you and plugged a hose full of diesel exhaust into  
 12 your home, and let's say you couldn't smell it, but if  
 13 you want me to go away, you pay me to drive away and  
 14 I'll drive away; it's really not much different than  
 15 that.  
 16 **Q** Okay. That's -- I respect your opinion.  
 17 **A** Thank you.  
 18 **Q** You talked about learning that Dr. Benton had not read  
 19 any of your e-mails, and I meant to ask you before,  
 20 and I'm glad you reminded me, do you have copies of  
 21 those e-mails that you sent to Dr. Benton?  
 22 **A** Oh, probably some, but, again, I'm sending these to --  
 23 to Dr. Deck, to Dr. Benton, to Dr. Goldbas, once in a  
 24 while I send one to Jorge Castillo. So I'm basically  
 25 educating my doctors on an issue I know that they are

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1 not seeing in -- in their everyday practice  
 2 necessarily.  
 3 **Q** Okay. So would you -- I think I asked you before  
 4 to provide me with copies of your e-mails to  
 5 Dr. Castillo. I'd like to renew my request that you  
 6 provide copies of any e-mails you sent to Dr. Benton,  
 7 as well.  
 8 MR. LANSER: And -- and, Chris, I don't think  
 9 there's a question in there for Mr. Friedman, but I'll  
 10 just put on the record, I believe we've objected to  
 11 that -- the -- the scope of that discovery request in  
 12 our original response to the interrogatories.  
 13 MR. TAINTOR: Oh, okay. I was just -- yeah, I'm  
 14 sorry, go ahead.  
 15 MR. LANSER: Yeah, no, I just wanted to state on  
 16 the record we've -- we've objected to that. If  
 17 there's a -- you know, you want to have a further  
 18 conversation about it, you know, we can do that. I  
 19 don't know if during the deposition is the best time  
 20 for that.  
 21 MR. TAINTOR: No, no, no, that's fine. I -- I  
 22 don't know that I had requested those before. I think  
 23 it was after Benton's deposition or it was during  
 24 Benton's deposition that I learned that there had been  
 25 these e-mails, and so I think it was in an e-mail to

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1 you immediately afterwards that I first asked for  
 2 them, so I'm not even sure --  
 3 MR. LANSER: Well, again -- again -- again, we  
 4 won't get -- you know, I don't want to get on a whole  
 5 tangent here. I think in that e-mail it was  
 6 referencing specific discovery requests that you  
 7 believed the e-mails should fall under --  
 8 MR. TAINTOR: Oh, okay.  
 9 MR. LANSER: -- if -- if that distinction is  
 10 important here. But we -- you know, I'd be happy to  
 11 have a conversation about it later on.  
 12 THE DEPONENT: So I'll -- I'll put your request  
 13 in abeyance until you and Dave work things out, I  
 14 guess.  
 15 BY MR. TAINTOR:  
 16 **Q** Well, let me just ask you this question. Do you know  
 17 that you saved the e-mails that you would have sent to  
 18 the doctors?  
 19 **A** I probably have a bunch of them, and -- and, again,  
 20 they would extend beyond this issue. I -- if I see  
 21 something interesting -- again, I subscribe to a page  
 22 called Medpage, and my sister is also -- many, many  
 23 years as a professional healthcare person, she sends  
 24 me stuff. If I see something of interest about  
 25 Waldenstrom's or about one of the BTK inhibitors that

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1 I'm now on or other patients of his are on --  
 2 ibrutinib, zanubrutinib, acalabrutinib -- I think I  
 3 might -- that he may not have seen that might be of  
 4 use to him, I might send that along.  
 5 **Q** So really all I'm trying to pin down at the moment is  
 6 -- I can -- I can have a discussion with your lawyers  
 7 off the record about what's produceable and what's  
 8 not -- what I'm trying to find out is what actually  
 9 exists.  
 10 And so do you have like a -- a place in your  
 11 computer that you save e-mail correspondence with your  
 12 doctors?  
 13 **A** No.  
 14 **Q** Okay. So where would you go about -- or how would you  
 15 go about trying to determine whether you have e-mails  
 16 that you've exchanged with, or even that you've just  
 17 sent to, Dr. Benton over the years?  
 18 **A** I would look in my sent items.  
 19 **Q** Okay. Do you -- how -- how frequently do you delete  
 20 your sent items?  
 21 **A** Not frequently enough.  
 22 **Q** Okay. Do you know -- are you able to look at your  
 23 computer right now and tell me when the oldest sent  
 24 item is that you have on -- on there?  
 25 **A** Stand by. It appears -- it appears to be January of

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1 2018.

2 Q Okay. So when you went and deleted any sent e-mails  
3 prior to January of 2018, would you have made an  
4 effort to save any that were of particular salience to  
5 your medical condition?

6 A **No, not -- I might save -- if there was an attached  
7 document or something that was pertinent, I would --  
8 have probably would have saved that into a file.**

9 Q Okay. Can you plug in Dr. Benton's name to let me  
10 know whether you have any sent e-mails to Dr. Benton  
11 since January of 2018?

12 A **Stand by. I do have e-mails there, and I can see,  
13 just quickly looking at them, a lot of them relate to  
14 changing medications from ibrutinib to zanubrutinib,  
15 and then there's some stuff about FDA and some earlier  
16 -- some other stuff there. So a lot of them are -- a  
17 lot of them are, you know, related to my -- my  
18 treatment.**

19 MR. TAINTOR: Okay. So I am going to formally  
20 request any communications with Dr. Benton that relate  
21 either to treatment or to RF issues, and I'll renew  
22 that off the record again, if we need to, but I didn't  
23 think that was necessary, but will do it.

24 BY MR. TAINTOR:

25 Q So let's go back to Exhibit 6, which you testified to  
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1 -- about a moment ago in answering questions for  
2 Mr. Lanser, and I think what you -- you said was that  
3 you believed, based on the fact that Dr. Benton had  
4 substantially edited your proposed letter, that this  
5 letter reflected accurately Dr. Benton's medical  
6 opinion; is that right?

7 A **That's correct.**

8 Q Okay. So let's look at the second paragraph.

9 A **Hm-hmm.**

10 Q It says, we are concerned that low-level nonionizing  
11 radiation exposure of the type and levels emitted by  
12 electromagnetic frequency invoicing tools may  
13 exacerbate problems already experienced by my client,  
14 including fatigue, cognitive difficulties, memory  
15 issues, and multiple cancer types.

16 You interpret this, do you not, as saying that  
17 you had already experienced multiple cancer types?

18 A **That's the way he phrased it, I'd say I'd agree with  
19 you.**

20 Q So that doesn't reflect his -- his medical opinion,  
21 does it? You didn't have multiple cancer types, did  
22 you?

23 A **No, I've not had multiple cancer types that I'm aware  
24 of, no.**

25 Q And -- and he also testified that he was not aware

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1 that you had experienced any cognitive difficulties;  
2 do you recall reading his testimony to that effect?

3 A **He said that in his -- in his testimony, yep.**

4 Q And so, in fact, this letter does not accurately  
5 express his opinion that RF exposure would exacerbate  
6 cognitive difficulties that you had already  
7 experienced, based on his testimony; would you agree  
8 with that?

9 MR. LANSER: I'm going to object to speculation.  
10 You can -- that's a question better directed to  
11 Dr. Benton.

12 A **It is better directed to Dr. Benton, but I -- but --  
13 but --**

14 BY MR. TAINTOR:

15 Q You just testified to it, sir.

16 A **So I --**

17 Q So I'm asking you to -- I'm asking you to clarify what  
18 you just told Mr. Lanser.

19 A **So rephrase the question, please, or -- or just repeat  
20 it.**

21 Q Based on Dr. Benton's testimony that he was not aware  
22 of you ever having any cognitive difficulties, would  
23 you not agree with me that this letter does not  
24 accurately reflect Dr. Benton's opinion that RF  
25 exposure would exacerbate cognitive difficulties you

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1 had already experienced?

2 MR. LANSER: I'd object that that misstates  
3 Dr. Benton's testimony to some degree, as well, but go  
4 ahead and answer, Mr. Friedman.

5 A **Yeah, I'm getting a little confused.**

6 BY MR. TAINTOR:

7 Q Okay. Let's --

8 A **You're ask -- you're asking me to opine on  
9 Dr. Benton's testimony, which I -- I'm not sure I can  
10 do.**

11 Q So let's go back to Exhibit 8, if we need to do this;  
12 this is Dr. Benton's testimony, Page 9, tell me when  
13 you have it.

14 A **Yeah, I'm trying to figure out the numbering here,  
15 sorry.**

16 Q Sure.

17 A **Here is 8. Here's 11, 13, 10 -- there's 9. Okay.**

18 Q So you're on Exhibit 8, Page 9?

19 A **Yes.**

20 Q Okay. And we're talking about the fact that between  
21 October of 2013 and November of 2016, my question was,  
22 had you noted in your treatment of Mr. Friedman any  
23 cognitive impairment; do you see that?

24 A **Um, no, I'm --**

25 Q Lines --

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1 **A I'm looking on --**

2 **Q -- lines 3 through 7.**

3 **A Okay. Yep, okay.**

4 **Q And he said, no, didn't he?**

5 **A That's correct.**

6 **Q So if Mr., excuse me, if Dr. Benton --**

7 **A He said --**

8 **Q -- had ever --**

9 **A Correction, he says, no cognitive impairment that I'm**  
10 **-- that I was aware of.**

11 **Q Right. So if Dr. Benton was not aware of you having**  
12 **any cognitive impairment, then it is impossible for**  
13 **Exhibit 6 to accurately reflect his opinion that**  
14 **exposure to RF would exacerbate problems you had**  
15 **already experienced, including cognitive difficulties,**  
16 **right?**

17 **MR. LANSER:** Chris, I'm going to object to the  
18 form again, and I'd also direct you to other points in  
19 Dr. Benton's testimony, such as when he testified  
20 something along the lines of -- of symptoms like --  
21 that symptoms are self-reported by patients to him, as  
22 well.

23 **MR. TAINTOR:** Okay. David, I'm sure you know how  
24 this works with speaking objections, but I'm going to  
25 go ahead and ask the question again.

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1 **BY MR. TAINTOR:**

2 **Q Mr. Friedman --**

3 **A Yes.**

4 **Q -- Deposition Exhibit 6, second paragraph, says, we,**  
5 **which means Dr. Benton and you --**

6 **A Correct.**

7 **Q -- are concerned that low-level ionizing (sic)**  
8 **radiation may exacerbate problems that you have**  
9 **already experienced, correct?**

10 **A Correct.**

11 **Q And it says that one of those problems was cognitive**  
12 **difficulty, true?**

13 **A Correct.**

14 **Q And if we go back to Dr. Benton's testimony at Page 9,**  
15 **which we were just talking about a moment ago, he says**  
16 **that as of the date of that letter, he was not aware**  
17 **of you ever experiencing cognitive difficulties,**  
18 **right?**

19 **MR. LANSER:** I'm going to object again that it's  
20 mischaracterizing testimony, but go ahead and answer,  
21 Mr. Friedman.

22 **BY MR. TAINTOR:**

23 **Q Well, let me -- let me ask and I'll, instead of**  
24 **characterizing it, I'll read it. How's that?**

25 **Page 9, starting at Line 3, from the time you**

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1 diagnosed Mr. Friedman in October of 2013 until you  
2 wrote the letter, which is Benton Deposition  
3 Exhibit 2, dated November 30, 2016, had you noted in  
4 your treatment of him any cognitive impairment that he  
5 was experiencing? His answer was, no. And then I  
6 said, I'm sorry, no you said? And he said, correct,  
7 no cognitive impairment that I was aware of.

8 **So would you agree with me that without regard to**  
9 **characterization, or anything else, Dr. Benton**  
10 **testified unequivocally that as of November 30, 2016,**  
11 **he was unaware of any cognitive impairment you had**  
12 **experienced?**

13 **A I would say he was -- he was unaware of it on the date**  
14 **he was deposed. I don't know if he forgot or he**  
15 **didn't -- or he didn't actually -- or he wasn't aware**  
16 **of it back in 2016 or what.**

17 **Q So if he was not aware of cognitive difficulties that**  
18 **you had experienced as of November 30, 2016, then his**  
19 **letter of that date, characterizing cognitive**  
20 **difficulty as a problem you had already experienced,**  
21 **would be false, wouldn't it?**

22 **A No, what I'm suggesting is, first of all, that says**  
23 **we, so I'm included in that, and, second of all, what**  
24 **I'm suggesting is that in 2016, I may well have said**  
25 **to him, you know, I've been having some trouble with**

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1 **memory, a few organizational issues in my brain,**  
2 **whatever. It's entirely possible that he did not**  
3 **remember that and that is what is reflected in his**  
4 **recent deposition.**

5 **Q You're saying it's possible, but you have no memory of**  
6 **saying anything like that to him, do you, back in**  
7 **2016?**

8 **A I don't have memory of most things back in 2016, even**  
9 **an office visit with Dr. Benton.**

10 **Q So what we have is Dr. Benton's testimony under oath**  
11 **that he was not aware of any cognitive difficulties**  
12 **that you had experienced as of November of 2016,**  
13 **right?**

14 **A Correct.**

15 **Q And you have no basis for disagreeing with that, true?**

16 **A Other than these letters and the fact that I have had**  
17 **plenty of conversations with him in his -- in his**  
18 **office during my brief visits, so I could -- I could**  
19 **easily have -- have brought that point up.**

20 **Q Could have, but you don't remember that you did?**

21 **A I don't remember that I didn't.**

22 **Q And you don't remember that you did, right?**

23 **A I don't remember that I did or I didn't.**

24 **Q You recall from our prior discussion of Dr. Benton's**  
25 **testimony that he also said he was not aware of any**

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1 memory deficits that you had as of November 2016?

2 **A I do recall that.**

3 **Q** Okay. And so if that's true, then his letter of

4 November 30, 2016, is not accurate when it refers to

5 memory issues as a problem that you had already

6 experienced, correct?

7 **A No, for the same reasons as I just mentioned for**

8 **cognitive difficulties. I -- I was concerned, I may**

9 **or may not have mentioned it to him, I probably did if**

10 **it's in the letter, that he doesn't recall that is not**

11 **-- maybe it's too bad for me, but it's -- it was a**

12 **long time ago, and I'm one of lots of patients.**

13 **Q** And you would agree with me, I take it, I think you've

14 already testified to this, that you had not already

15 experienced multiple cancer types as of November 30,

16 2016, correct?

17 **A That is true, but multiple cancer types, multiple**

18 **cancers are a known side effect of the medications**

19 **that I'm on, actually.**

20 **Q** Now, this says -- this talk -- is talking about --

21 **A That says -- that implies that I had multiple cancer**

22 **types, and that's -- that is inaccurate, yes.**

23 **Q** Right, okay.

24 **A I'll give you that.**

25 **Q** And so doesn't it -- doesn't it appear to you like the

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1 full paragraph.

2 MR. LANSER: Right after free radicals.

3 **A I see it, yep, yeah.**

4 BY MR. TAINTOR:

5 **Q** So Dr. Benton we know took verbatim, at least from

6 that sentence, the -- the phrase fatigue, cognitive

7 difficulties, and memory issues, and also multiple

8 cancer types and put that in Exhibit 6, right?

9 **A He did, and that -- that is a reference to -- to**

10 **citing of literature, some of the -- some of the --**

11 **the literature showing various cancer types from**

12 **low-level RF exposure.**

13 **Q** Right. But we know that you hadn't experienced that,

14 true?

15 **A That's correct.**

16 **Q** And we know from Dr. Benton's testimony that he hadn't

17 actually read any of this literature, right?

18 **A It sounds like it, yes.**

19 MR. TAINTOR: That's all I have. Thank you.

20 **A So -- so he was reading this draft letter, obviously,**

21 **and taking from it what he thought was reasonable, and**

22 **in the context of what he wrote down there, the**

23 **implication that I had the multiple cancer types, that**

24 **is inaccurate.**

25 BY MR. TAINTOR:

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1 most logical interpretation of Exhibit 6 is that

2 Dr. Benton took this -- saw this language that you had

3 put in Exhibit 5 and simply agreed to accept some of

4 it, even though it wasn't true?

5 **A It looks like --**

6 MR. LANSER: Objection, it's speculation, but go

7 ahead and answer.

8 **A Yeah, I -- I can't speak to his motivation, but it**

9 **looks like he took some of my language and was**

10 **reasonably satisfied enough to -- to use it in his**

11 **final letter --**

12 BY MR. TAINTOR:

13 **Q** So when you talk about him --

14 **A -- I guess.**

15 **Q** -- when you talk about him being reasonably satisfied,

16 are you saying that you think he was satisfied that

17 you had multiple cancer types?

18 **A I don't know that that was in my draft, actually.**

19 **I'll have to go back and take a look here. Which --**

20 **which exhibit was that here?**

21 **Q** That's Exhibit 5, it's in the first sentence in the

22 second full paragraph.

23 **A I'm not seeing multiple cancer types in there, are**

24 **you?**

25 **Q** Yeah, it's five lines down from the top of the second

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1 **Q** And for all you know, the statement that you had

2 experienced cognitive difficulties and memory issues

3 was also inaccurate?

4 **A No, because I have had those issues, and whether he --**

5 **or not he was remembering them or not, aware of them**

6 **or not, I don't know, but those I have had issues**

7 **with. I had heart arrhythmia once when I got onto the**

8 **ibrutinib initially; it's a common side effect of**

9 **that.**

10 So -- and, again, these are examples only of

11 different problems that come up in the scientific

12 literature.

13 MR. TAINTOR: Okay. Those are all my questions.

14 Thank you.

15 MR. LANSER: Great. Thank you, everyone.

16 (The deposition concluded at 3:08 p.m.)

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CERTIFICATE

I, Julie G. Edgecomb, a Notary Public in and for the State of Maine, hereby certify that the within-in named deponent was sworn to testify the truth, the whole truth, and nothing but the truth, in the aforementioned cause of action.

I further certify that this deposition was stenographically reported by me and later reduced to print through Computer-Aided Transcription, and the foregoing is a full and true record of the testimony given by the deponent.

I further certify that I am a disinterested person in the event or outcome of the above-named cause of action.

IN WITNESS WHEREOF, I subscribe my hand this 28th day of February, 2022. Dated at Brewer, Maine.

/s/ Julie G. Edgecomb

Notary Public

My Commission Expires

July 19, 2023.

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Please note on the errata sheet below any changes in form or substance to your testimony contained in your deposition transcript. For each change, list the page and line number, the words you wish to change, the change, and the reason for the change; ex: typo, wrong word, word omitted, etc. Be sure to sign the errata sheet. You must also sign the signature page and have it notarized. Please return the errata sheet and signature page to the attorney mentioned on the cover letter.

Page/Line: Words to Change: Changed to: Reason:

Signature of Deponent

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SIGNATURE PAGE

I, ED FRIEDMAN, have read the foregoing pages of my transcript or have had the foregoing pages of my testimony read to me and have noted any changes in form or substance of my testimony, together with their respective corrections and the reasons therefore, on the following errata sheet(s).

ED FRIEDMAN

(Date)

\*\*\*\*\*  
TO BE COMPLETED BY NOTARY PUBLIC OR ATTORNEY:

I, \_\_\_\_\_, a Notary Public/Attorney in and for the State of Maine, hereby acknowledge that the above-named witness personally appeared before me, swore to the truth of the foregoing statements and affixed his/her signature above as his/her true act and deed.

(Date)

My Commission Expires:

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February 28, 2022

Re: ED FRIEDMAN v. CENTRAL MAINE POWER COMPANY

Deposition of: ED FRIEDMAN

## INSTRUCTIONS FOR READING &amp; SIGNING TRANSCRIPT

Enclosed please find a copy of your deposition taken on February 14, 2022, in the above-referenced matter. Within thirty (30) days, please read the transcript, indicating any errors on the enclosed errata sheet, and sign the signature page and errata sheet before a notary public. Please return the properly executed original signature page and errata sheet to:

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